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30 March 1994



**FOREIGN
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JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-94-008

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30 March 1994

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REGIONAL AFFAIRS

Epidemiological Reports Monitored 7-13 March

MB1303145494

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 7 to 13 March concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Mozambique

Dysentery—"The outbreak of dysentery that has affected Cabo Delgado Province since the end of the first half of 1993 caused 51 deaths by the end of February. Reports from Cabo Delgado say that the outbreak has already affected all districts of the province with the exception of Ibo Islands. A total of 4,027 cases were recorded by February." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 13 Mar 94)

South Africa

AIDS—"3,071 AIDS cases have been reported in South Africa since the epidemic started in 1983, and 1,188 cases were diagnosed last year, the Department of National Health said on Friday. AIDS was still under-reported, a statement said. Adult AIDS cases doubled in 1993, from 527 in 1992 to 1,062. Paediatric AIDS was probably the worst-reported category. Only half these cases were reported last year (104), compared to (211) the previous year. Sexual transmission of AIDS accounted for almost 80 per cent (2,435) of cases, and transmission from mother to child accounted for 16 per cent (481) of cases. Blood transfusions and blood products were the mode of transmission in 1.5 per cent of cases. The mode of transmission was not stated in 3.5 per cent of AIDS reports, the statement said. To date only two patients have been reported who contracted the HIV virus through intravenous drug abuse." (Johannesburg SAPA in English 1336 GMT 11 Mar 94)

Epidemiological Reports Monitored 14-20 March

MB2003193494

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 14 to 20 March concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Botswana

AIDS—Health Minister Bahitik Temane says a large proportion of patients have been admitted in every Botswana hospital with AIDS-related illnesses. Presenting his ministry's budget to Parliament yesterday, Mr. Temane said in the future the country's health services might not be able to maintain standards, as more and more resources get swallowed up by AIDS-related services. He said alternative programs like home-based care are being developed, but prevention remains the best solution. (Gaborone Radio Botswana Network in English 1610 GMT 18 Mar 94)

Mozambique

Diarrhea—One person is dead and other serious cases of bloody diarrhea were reported since it affected the

Mahelane location of Chagalane Administration Region in Maputo Province's Namaacha District. Between 30 and 40 patients suffering from bloody diarrhea are being treated at the Chagalane Health Post. Nurse Helena Bila says the epidemic is spreading because the people are using water from the Chagalane River without boiling it. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 14 Mar 94)

Dysentery—A total of 25 people have died of dysentery in Gaza Province over the past two months. Medical superintendent Dr. Mario Marine said more than 6,500 cases of dysentery were registered during the same period. Chokwe District was the most affected with about 2,000 cases. Dr. Mario Marine said the disease is mostly caused by bad hygiene and the consumption of unclean water. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 17 Mar 94)

Dysentery—The MOZAMBIQUE INFORMATION AGENCY (AIM) has learned that two government soldiers died of dysentery at the Lichinga Assembly Area in the capital of Niassa Province last February. The provincial government has already sent medicine and health personnel to the assembly area and improved the soldiers' diet. (Maputo Radio Mozambique Network in Portuguese 1400 GMT 19 Mar 94)

Cholera—"Cholera has been affecting Cabo Delgado Province since the end of last year and it has already caused six deaths. A total of 660 cases of cholera were diagnosed between January and February of this year. Meanwhile, dysentery killed another four people over the same period." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 15 Mar 94)

AIDS—"Officials of the National Program Against AIDS have said they were frightened of the AIDS situation in Tete Province. AIDS has grown tremendously in that province. The team visited Tete Province's Changara, Cahora Bassa, and the provincial capital." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 16 Mar 94)

Namibia

Tuberculosis—"The oldest and most primitive people in southern Africa, the San or Bushmen of Namibia, are being threatened by a tuberculosis epidemic." Dr. Hans Nel, district surgeon for Gobabis, reports: "It is approximately the highest prevalence rate of tuberculosis right now in the world. When we started this study there were only 18 cases that we knew of that were positive for tuberculosis. At the end of one year's study and follow-up study there were 385 cases, which meant that there was quite a large percentage of positive cases identified." "It can pose a threat to the elimination of the Bushmen as a whole, especially the fact that they are a small group in a community, grouped together in a certain area in Namibia." (Johannesburg Channel Africa Radio in English 1100 GMT 17 Mar 94)

Meningitis—Josef Mothina writes that "mass immunisation against the worst outbreak of meningitis in Namibia in 10 years is to start this week. So far at least 150 cases of the killer disease have been reported countrywide. Since the end of January, when the first cases of the disease were reported, 69 cases have occurred in the south; 52 in Katutura and

seven in the Otjozondjupa region." (Windhoek THE NAMIBIAN in English 14 Mar 94 pp 1, 2)

South Africa

New TB Strain—Kathryn Strachan reports that "a new multidrug-resistant strain of tuberculosis is emerging in South Africa, with about 2 percent of TB [tuberculosis] cases proving resistant to treatment." At the Tuberculosis Beyond 2000 conference in Pretoria on 14 March, Medical Research Council spokesman Dr. Karin Weyer said "in the U.S., HIV infection had been associated with outbreaks of multidrug-resistant TB. This was cause for concern for SA, as the incidence of HIV was increasing. However, while nearly all multidrug-resistant TB patients in the U.S. were HIV positive, in SA the proportion was only about 3 percent. Local estimates of multidrug-resistant TB were low." (Johannesburg BUSINESS DAY in English 15 Mar 94 p 2)

Zimbabwe

AIDS—The cumulative number of AIDS cases is estimated to rise to more than 130,000 by the end of this year, according to the National AIDS Coordination Program. There were more than 30,000 estimated new cases of AIDS in 1993. At the moment, however, there are only 28,000 full-blown AIDS cases. (Harare THE HERALD in English 12 Mar 94 p 1)

Epidemiological Reports Monitored 21-27 March MB2703190494

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 21-27 Mar concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Lesotho

TB—"The Mafiteng district has been rated second after Maseru in the number of tuberculosis, TB, cases. Addressing a gathering to mark the World Tuberculosis Day in Mafiteng this week, the honorable minister of health and social welfare, Dr. Khauhele Ralitapole, said an average of 400 TB cases were treated at the Mafiteng government hospital every year." An estimated 50 percent of all patients at hospitals in the country suffered from TB. A TB specialist in the ministry of health, Dr. Brenda Cochrane, warned that "the TB virus was one of the major causes of death in Lesotho. The most common was TB of the lungs in both men and women." (Maseru Radio Lesotho in English 1130 GMT 27 Mar 94)

Mozambique

AIDS—More than 800 AIDS cases have been diagnosed in this country over the last five years. NOTICIAS newspaper reports that Maputo Province, with 348 AIDS cases, and Manica Province, with 118, have been worst hit. (Maputo Radio Mozambique Network in Portuguese 0800 GMT 22 Mar 94)

AIDS—The weekly DOMINGO newspaper reports today that 150,000 people are infected with the AIDS virus in Mozambique. The newspaper was quoting Dr. (Agostinho Barreto), director of the national program for fighting AIDS

and sexually transmitted diseases. Noting that the estimated figure applies to December of last year, Dr. (Barreto) added that it is far from reflecting the truth because the country does not have the right equipment to carry out accurate diagnosis. He also said that AIDS is growing fastest in central Manica, Sofala, and Tete Provinces, which account for 55 percent of all AIDS cases in the country. (Maputo Radio Mozambique Network in Portuguese 0800 GMT 27 Mar 94)

TB—The Cabo Delgado health authorities say "860 cases of tuberculosis were diagnosed in 1993. Of that figure, 309 cases were reported in urban centers of Montepuez and Pemba, and the remainder in rural areas. In 1993, 779 leprosy cases were reported in the same province." (Maputo Radio Mozambique Network in Portuguese 0800 GMT 23 Mar 94)

Diarrhea in Sofala—"Diarrhea is reemerging in Beira, the capital of Sofala Province. Beira Hospital's cholera ward admitted 30 patients suffering from that ailment during the first 10 days of this month. One of those patients has died." (Maputo NOTICIAS in Portuguese 18 Mar 94 p 3)

Diarrhea in Gaza—"Some 360 cases of diarrhea with traces of blood have been reported in Gaza Province's Chibuto District since March 1993." The health director for Chibuto District said that an average of five to six people are diagnosed with that ailment every week. There have been no deaths so far. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 26 Mar 94)

Dysentery in Manica—The epidemic which broke out in Manica Province early last year continues to be a threat to public health, with the number of cases growing considerably in Chimoio and in other districts of Manica Province. By the end of last year, the epidemic had killed 27 people, out of 3,966 cases reported. (Maputo NOTICIAS in Portuguese 18 Mar 94 p 3)

Dysentery in Gaza—At least 25 people have died of dysentery in Gaza Province over the past year. The province also registered more than 6,500 cases of dysentery during this period. This was revealed by provincial chief doctor Mario Marize. Dr. Marize said the most affected district is Chokwe, with about 2,000 cases, followed by Chicualacuala and Guija. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 24 Mar 94)

Namibia

Malaria—"According to statistics from the Kavango and Caprivi regions, at least 191,206 malaria cases, with 134 deaths, have been reported since last year in the northeast of Namibia." According to the 1993 annual medical report more than 60,000 of all outpatients were under the age of five. Nearly 6,000 adults, with 53 deaths, were admitted to hospitals last year with malaria. This year 434 adults were admitted to hospital, with four deaths recorded. Of the 7,356 children admitted to hospitals with malaria in 1993, 75 died. Since the beginning of this year 559 children have already been admitted, 2 died. (Windhoek DIE REPUBLIKEIN in Afrikaans 17 Mar 94 p 5)

Meningitis—"Altogether 257 cases of meningitis, with 18 deaths recorded, have been reported countrywide since the beginning of the year. Most cases occurred in the Windhoek district. Meningitis vaccine arrived in Namibia yesterday

from the Pasteur Institute in France." (Windhoek DIE REPUBLIKEIN in Afrikaans 18 Mar 94 p 1)

Swaziland

Malaria—"At least six people had been killed by malaria in Lubombo—four of them this month alone." A spokesman for the Malaria Control Unit said the malaria outbreak started "early this year with two people killed last month and four this month." (Mbabane THE SWAZI OBSERVER in English 24 Mar 94 p 1)

Roundup of Disease Reports 5-18 March

AB2103103294

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

Ivory Coast

AIDS—President Henri Konan Bedie received Professor Luc Montagnier, director of the Institut Pasteur of Paris on 11 March. They discussed AIDS research in the country. Prof. Montagnier announced that a pilot center called Montagnier Mayor Foundation will be built to follow AIDS patients up. The project will be funded by the African Development Bank to the tune of 2 billion CFA francs. [Abidjan La Chaine Une Television Network in French 2000 GMT 12 Mar 94]

Ethiopia

AIDS—The office of the National AIDS Protection Program disclosed on 11 March that so far over 11,000 AIDS patients are registered throughout Ethiopia, and the number carrying the virus has reached over 500,000. Negusea Yetbarke, coordinator of the National AIDS Protection Program, said that 708 patients were registered between mid-January and mid-February alone. [Addis Ababa Voice of Ethiopia Network in Amharic 1700 GMT 11 Mar]

Nigeria

Lassa fever—An outbreak of Lassa fever has been confirmed in Edo State leading to nine casualties. The incidence of the deadly disease appears endemic in Ekpoman, Eruwa, Eson West, and Eson Central local government areas in Edo State. The first clinical confirmation of the disease was in January 1989, in Ekpoman, where it wiped out a family of three. The first outbreak of the disease was reported in the middle of February. The chief medical director of Eruwa hospital said initial investigation showed no fewer than 20 persons being invested with the Lassa fever virus in Eruwa alone. Experts say the situation in the affected areas is being brought under control. [Lagos NTA Television Network in English 2000 GMT 5 Mar 94]

Immunization—Over 8 percent of children born in Benue State die as a result of inadequate immunization. This figure was disclosed by the UNICEF representative in Nigeria, Komio Waki, during his tour of projects in the state. [Lagos NTA Television Network in English 2000 GMT 14 Mar 94]

Cholera—About 5,000 refugees forced to leave the Bakassi peninsula because of the conflict there between Nigeria and Cameroon and who are currently living in two camps in

Akwa Ibom State are threatened by cholera. The BBC Lagos correspondent, who has just visited the camps, reports that medical facilities at the camps appeared inadequate and one doctor told her there had already been 15 deaths from cholera. [London BBC World Service in English 1705 GMT 18 Mar 94]

Somalia

Cholera—Reports from Mogadishu, Somalia, say a cholera epidemic is now claiming hundreds of lives in a country already ravaged by war and famine. Some 58 new cases are said to have been admitted to the clinic run by Medecins Sans Frontieres in Mogadishu in addition to the more than 400 cases already recorded in the city. The first case of the disease was reported in February. [Lagos NTA Television Network in English 2000 GMT 16 Mar 94]

Tanzania

Cholera—Two people have died and 56 others have been admitted to Igunga Hospital following the recent outbreak of cholera in Igunga District. Confirming the cholera outbreak, the Igunga District medical officer, Dr. Julius Gombanila, told Tabora Regional Commissioner Lawrence Gama that since 3 March two people have died of cholera in the Nange and Igunga locations of Igunga District.

Addressing the public in various locations in the district, Dr. Gama proclaimed a quarantine order in the district in order to curb this dangerous disease. Dr. Gama advised the residents of the district to boil all their drinking water and ordered that all those families without proper toilets must build one within seven days. Those who fail to adhere to this order will be prosecuted before a court of law for failing to obey the Public Health Law of Tanzania. [Dar es Salaam Radio Tanzania Network in Swahili 0400 GMT 6 Mar 94]

Shigella—Eight people have died of dysentery at Olepiometo village in Monduli District. The member of parliament for Monduli District, Honorable Lekilale Moloinet, said the disease is caused by a kind of virus known as shigella. The MP said Monduli District is faced with a shortage of drugs for the treatment of the disease and that doctors have advised citizens to boil drinking water as a preventive measure. [Dar es Salaam Radio Tanzania Network in Swahili 1700 GMT 7 Mar 94]

Uganda

AIDS—The Uganda Government has mobilized more than 251 billion shillings to finance the war against AIDS. This was disclosed by Health Minister James Makumbi at a news conference held at the headquarters of the Uganda AIDS Commission in Kampala on 14 March. The amount is expected to be contributed by 11 international donor organizations who have made pledges. The money is to be used in efforts to reduce the spread of the HIV virus, caring for the affected individuals, and finding the economic and social impacts of AIDS. Dr. Makumbi said the figure of Ugandans now infected with HIV stands at 1.5 million out of a population of 17 million. He lamented that the majority of HIV positive people are in the active and productive age of between 15 and 49 years. [Kampala Radio Uganda Network in English 1700 GMT 14 Mar 94]

Zaire

Cholera—A deadly cholera epidemic has broken out in Malemba-Nkulu Zone, Shaba Region, AZAP reported on 8 March quoting local medical sources. The drinking of unhealthy water from rivers and lakes is the reason for the epidemic which is causing an average of 15 to 20 deaths per day, AZAP stated. The epidemic spreads very quickly because of inadequate means to fight it, and because of the almost total lack of drugs, AZAP added. It has now affected the six localities of Malemba-Nkulu Zone, AZAP said without giving the exact number of victims. [Dakar PANA in French 1610 GMT 8 Mar 94]

Vaccination Seminar Ends in Yamoussoukro

AB1303150094 *Dakar PANA in English 1335 GMT 13 Mar 94*

[Text] Yamoussoukro, 13 March (PANA)—African countries must increase immunisation of their children beyond present levels if child killer diseases are to be eradicated quickly, participants at the Fourth International Seminar on Immunisations in Africa said Sunday [13 March] in Yamoussoukro, the Ivorian capital.

"Individual governments have to increase their input and intensify community involvement in the vaccination programmes," said Kebba Jobe, a Gambian participant, said. Speaking before the start of the seminar Jobe, who manages his country's expanded programme on immunization, said the Gambia had attained 69 percent immunisation for children aged below one year. He said donors must continue supporting Gambia to reduce the cost of vaccines and thereby increase the percentage of immunisation.

A Mauritanian delegate, Dr. Pradbodh Munbodh, said managers of immunisation programmes in Africa should adopt private sector working methods to reduce bureaucracy. He told delegates from South Africa that by 1992, Mauritania had attained vaccination of between 75 and 80 percent of all pregnant women, 85 percent of children against measles and 90 percent against diphtheria, whooping cough and tetanus. "Since you face an enormous vaccination task in your country, the best thing is to motivate the paramedical personnel directly involved in the field," he told Ray Mabope, the African National Congress' (ANC) national chair on vaccination and immunisation and Bonginkosi Mhlanga of the Pan-Africanist Congress' (PAC) health directorate. Mabope said that with its three vaccine manufacturing institutions, South Africa should be able to vaccinate all its children within the next few years and become a vaccine supplier to countries in the southern African development community.

This, he said, would entail rationalising the activities of the South African Institute for Medical Research, the State Vaccine Institute and the National Institute of Virology "to cut down wastage."

Mhlanga said that although the South African Government claimed it had achieved 80 percent immunisation of its children, "we have to unify the country first before analysing the situation in South Africa, especially in the homelands, where the situation is not clear." South Africa is due to form its first democratic government after the country's first non-racial elections on 26-28 April.

The four-day seminar, which has attracted vaccination experts from Africa, Europe and the United States, is to be opened later today by Cote d'Ivoire's health minister, Maurice Guikahue. The theme is: "To build a durable partnership for immunisations for Africa." It is the fourth of its kind, after those of Bamako in 1974, Dakar in 1981 and Niamey in 1987.

South Africa, which is taking part for the first time, is represented by an eight-person multiracial delegation, including representatives of government and the former liberation movements—ANC and PAC.

TANZANIA**Minister Urges Responsible Reporting of AIDS Crisis**

EA2103164994 *Dar es Salaam Radio Tanzania Network in Swahili 1300 GMT 21 Mar 94*

[Excerpt] Dr. William Shija, minister for information and broadcasting, has urged newsmen in the country to consider ways of educating the public on reasons that stifle the campaign against AIDS. Honorable Shija made the call while opening a week's seminar for mass media institutions on AIDS at Kibaha today.

In his speech, which was read on his behalf by the director of the Department of Information, Ndugu Bwire Musarika, the minister said that recent figures indicated that Tanzania had many more AIDS patients than other East African countries. He said that according to the figures cases of AIDS had increased rapidly in the country during the last three years. He added that the alarming spread of AIDS in the country called for new strategies in combating the disease, including use of the mass media.

Hon. Shija said abject poverty, over-population in towns, and frequent family squabbles had greatly contributed to the spread of AIDS in many African countries. He called on journalists to be composed while filing reports on AIDS without being alarmist but to file reports which contained a message on ways of controlling the spread of the disease. [passage omitted]

Discovery of a Recombinant of Poliovirus Type 1 From Paralytic Poliomyelitis Cases in China

54004804C Beijing BINGDU XUEBAO [CHINESE JOURNAL OF VIROLOGY] in Chinese Vol 9 No 3, Sep 93 pp 195-202

[English abstract of article by Fang Zhaoyin [2455 5128 1377], Ren Bin [0117 2430], et al. of the Institute of Virology, Chinese Academy of Preventive Medicine, Beijing]

[Text] Poliovirus (PV) is the main etiological agent of paralytic poliomyelitis. A recombinant of PV1 was identified during the molecular epidemiological survey by using sequence analysis of the genomic PV1/2A junction region (residues 3296-3445). The PV1 isolates were tested at the beginning by Sabin 1-specific PCR and Dot hybridization and was excluded from vaccine-related PV1. Its sequencing data of the 150 nucleotides shared 97 percent homology to Sabin 1. Expanded sequencing of its 5'-side revealed many nucleotide substitutions identical to those of wild PV1 from residue 3262 upward, which indicates the recombination site at residues 3262/3263 junction. Fourteen of 57 PV1 isolates collected from 13 provinces or autonomous regions were found to be recombinant by a recombinant-specific PCR developed by us. The high sequence similarity among them suggests that these 14 PV1 isolates probably were the progeny of a recombinant produced by a patient dually infected by wild and Sabin 1. Studies of virulence, immunogenicity, transmissibility, etc. of this recombinant are going on.

Transovarial Transmission of Chikungunya Virus in *Aedes Albopictus* and *Aedes Aegypti*

54004804D Beijing BINGDU XUEBAO [CHINESE JOURNAL OF VIROLOGY] in Chinese Vol 9 No 3, Sep 93 pp 222-227

[English abstract of article by Zhang Hailin [1728 3189 2651], Zhang Yunzhi [1728 0061 2535], and Mi Zhuqing [4717 4554 7230] of the Yunnan Provincial Institute of Epidemic Diseases Control and Research, Dali]

[Text] *Aedes albopictus* and *Ae. aegypti* mosquitoes were tested for their ability for transovarial transmission of chikungunya (CHIK) virus. The strains of CHIK virus employed for B8635, M81 and Ross isolated from Yunnan, China or Africa. Studies showed that these two species of mosquitoes were capable of transmitting CHIK virus by bite to susceptible hosts. Parental females of *Ae. albopictus* and *Ae. aegypti* were infected orally with CHIK virus, and 3070 first generation progeny from infected mothers were pooled into 55 pools and examined for the virus. Positive rate of pools from *Ae. albopictus* were 46.15 percent (6/13) for larvae, 33.33 percent (4/12) for adult females and 62.50 percent (5/8) for adult males. Positive rate of pools from *Ae. aegypti* were 18.18 percent (2/11) for larvae and 22.22 percent (2/9) for adult females. In another experiment, CHIK viruses were detected in second and third generations progeny obtained from individual infected *Ae. albopictus* and *Ae. aegypti*. Based on these studies, infected females were capable of transmitting the virus vertically to their offspring. There was no apparent difference in transovarial transmission capabilities of these two species in orally infected mosquitoes. These results indicate that *Ae. albopictus* and *Ae. aegypti* have the potential to play a role in the maintenance of CHIK virus in nature.

Investigations on the Epidemiology of Brucellosis in Some Villages (Pasturelands) of Su Nan County, Gansu Province

54004804A Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 14 No 6, Dec 93 pp 338-340

[English abstract of article by Ding Xueliang [0002 1331 5328], Fan Yuling [5400 3768 3781], et al. of the Institute of Prevention and Treatment of Endemic Diseases, Lanzhou]

[Text] During April-May 1991, by using SAT, CFT, and Coomb's methods an epidemiological surveillance on brucellosis among human beings and animals in some villages and pasturelands of Su Nan County was conducted. The results were that the serum brucella antibody was found positive in 61 cases (19.06 percent out of 320 human beings) and 49 cases were diagnosed as brucellosis. An investigation on 497 cattle and 1989 sheep with SAT methods was also made. The result showed that 15 sera showing a positive reaction all came from sheep. The rate was 0.75 percent.

Analysis of Malarial Infection Among Technical Personnel Dispatched to Burkina Faso, West Africa

54004804B Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 14 No 6, Dec 93 pp 360-361

[English abstract of article by Lu Yan [7627 3543] of the Medical Clinic, China Construction Material Industrial Company, Beijing]

[Text] Fifty-six technical personnel, who had been dispatched to carry out the Chinese-aid project in Burkina Faso, West Africa (a highly prevalent area of malaria and infected by asexual form of plasmodium), developed malaria within one year after the repatriation from that country. The number of paroxysm of this disease per individual varied from one to six, with an average of 2.8.

The Molecular Epidemiology of Poliovirus Type 1 in China

54004804E Beijing BINGDU XUEBAO [CHINESE JOURNAL OF VIROLOGY] in Chinese Vol 9 No 4, Dec 93 pp 337-344

[English abstract of article by Zhang Libi [1728 4409 1804], Fang Zhaoyin [2455 5128 1377], et al. of the Institute of Virology, Chinese Academy of Preventive Medicine, Beijing]

[Text] Twenty-four strains of poliovirus type 1 isolated in 12 different provinces in China were sequenced in the VP1/2A region (150 nucleotides) by the dideoxy chain termination method. After comparing these sequences with the Sabin 1 reference strain and with 15 strains from province Taiwan and other neighboring countries using the gene alignment program from the PCGene, two dendrograms were constructed. We found six independent genotypes among the Chinese viruses and 14 genotypes among the world viruses. This interesting finding strongly suggested that there were molecular epidemiological relationships among viruses from China and other countries.

REGIONAL AFFAIRS

Thailand, Cambodia, Laos Planned To Combat AIDS*BK1603091194 Bangkok Voice of Free Asia in Thai
1030 GMT 15 Mar 94*

[Text] Thailand will cooperate with Laos and Cambodia to prevent and solve the spread of AIDS, which follows the growth of tourism in the region.

Michai Wirawathaya, a former Thai cabinet official and anti-AIDS activist, said in Phnom Penh that AIDS poses a threat to Cambodia and is comparable to a big time bomb that will cause a tragedy if the Cambodian Government ignores its spread. Citing Thailand as an example, Michai said recognition of reality and of the importance of preventing AIDS will lead to a successful remedy of the problem. The successful Thai campaign to inform the public about AIDS prevention has reduced the contraction of AIDS in Thailand from 1,200 to 600 cases daily, or 50 percent prevention effectiveness. Michai plans to invite members of the Cambodian Government's National AIDS Prevention Committee to observe AIDS prevention efforts and the final stages of AIDS infection cases in Thailand.

On cooperation with Laos, Dr. Siriwat Thiptharawadon, the Nong Khai Province public health officer, said that in order to cope with contagious diseases—including AIDS—that will follow the increased convenience of travel between Thailand and Laos after the April opening of the Thai-Lao Friendship Bridge, Nong Khai Province will stage a medical and public health seminar with 75 Thai and Lao officials concerned with the control of contagious diseases. The seminar is aimed at formulating suggestions, ways, and plans to combat contagious diseases along the Thai-Lao border, particularly after the opening of the Friendship Bridge. It is also aimed at increasing understanding among these officials in control of contagious diseases and effecting coordination between the two countries in case of epidemics.

JAPAN

AIDS Treatment Referral Lags at Health Centers*OW1603115794 Tokyo KYODO in English 1058 GMT
16 Mar 94*

[Text] Tokyo, March 16 KYODO—Almost 20 percent of public health centers, the nation's front-line defense against AIDS, do not know what hospitals they can refer AIDS patients to, a health ministry report released Wednesday [16 March] said.

The report said the figure indicates that the Health and Welfare Ministry's attempt to encourage a nationwide system of base hospitals as a key element of its anti-AIDS strategy is still incomplete.

A ministry team studying the epidemiology of AIDS made the finding after compiling results from 688 responses received by mid-January to questionnaires sent out in November to the 848 centers.

The ministry found that 688 centers or 81 percent of the total responded to the survey. Of the respondents, 675 or 98 percent offered an AIDS-related telephone inquiry service and 633, or 92 percent, offered AIDS-related interviews.

But the ministry said only 555, or 81 percent, of the centers knew of hospitals to which they could refer AIDS patients or people who were infected with the AIDS-causing human immunodeficiency virus (HIV).

The ministry has requested each prefecture to stipulate at least two hospitals which can serve as centers for the treatment of AIDS but by late January only four prefectures had complied.

Committee Predicts Low AIDS Toll*OW1703134994 Tokyo KYODO in English 1138 GMT
17 Mar 94*

[Text] Tokyo, March 17 KYODO—Japan will have a relatively low 18,000 persons with AIDS and the AIDS-causing human immunodeficiency virus (HIV) by 2002, a Health and Welfare Ministry team studying the epidemiology of AIDS said Thursday [17 March].

The number is low compared to the United States which already has 340,000 patients with full-blown AIDS and where one person in 200 is estimated to either have AIDS or is HIV positive.

The team said their forecast is lower than original estimates.

It would mean that by early next century only one in every 7,000 people in Japan would have AIDS or be HIV positive.

Mitsuhiro Kamakura, a member of the team who lectures at Keio University's school of medicine, attributed the low forecast in part to what he said was Japan's high average standard of education, and its low numbers of homosexuals and drug users.

The team's findings will be announced in detail at a meeting of the Japanese Society for Hygiene in Kanazawa from April 6.

In late 1993, the ministry's AIDS Surveillance Committee said Japan had 1,410 known HIV-positive and AIDS patients, excluding those infected through tainted blood transfusions, but that the real figure could be nine times as high.

In July last year, the committee also predicted some 26,000 HIV-positive and AIDS patients in Japan by 1998.

The revised estimate was reached after consulting 80 experts on all aspects of AIDS. The estimate also takes account of the probability of the development of an AIDS vaccine.

The estimate for 2000 includes about 3,100 AIDS patients and about 14,700 persons who are HIV positive.

The committee said there is a 52.6 percent chance of a viable AIDS vaccine by 2005.

Woman Tourist Contracts Cholera During Southeast Asia Trip*OW2103045694 Tokyo KYODO in English 0441 GMT
21 Mar 94*

[Text] Osaka, March 21 KYODO—A 21-year-old Japanese woman, who returned Friday [18 March] from a tour of Thailand and Singapore, was found to have contracted cholera, Osaka International Airport quarantine officials said Monday after receiving information from a hospital.

The woman, who made a six-day tour to the two countries with another traveler from March 13 to 18, was quoted as saying she began having diarrhea on March 15.

The woman, from Hiroshima Prefecture in western Japan, is the 22nd Japanese to have contracted cholera this year, the officials said. She is recovering at a hospital in Hiroshima Prefecture.

NORTH KOREA

KCNA Highlights Research To Improve Medical Technology

SK1103152694 Pyongyang KCNA in English 1501 GMT 11 Mar 94

[Text] Pyongyang, March 11 (KCNA)—New technology researches to improve medical services are brisk among the medical workers of Korea. During the past one year, many inventions and rationalization proposals have been produced in the prophylactic and therapeutic organs in Pyongyang. More than [word indistinct] of them have been introduced into clinics.

One of the noteworthy successes is the separation and culture of pylorus spirillum, a main causer of gastric and [word indistinct] ulcers, and the development of a new Koryo medicine of big effect in treating them.

New technologies introduced in the treatment of liver [word indistinct] hypertension portails and acute pneumonia and a special method of suture for preventing suppuration in operation are also effective in clinical practice.

Soft cupping and water-eczema and massage appliances also have won the favor of the patients.

Medical workers, while giving preventive and curative assistance to working people, write many valuable medical treatises. They total ten and several thousand annually nationwide.

Scientific symposiums on the researches of medical workers are regularly held.

The active efforts of the medical workers reliably guarantee the health of the working people.

PAPUA NEW GUINEA

Malaria Kills Over 200 on Isolated Islands

BK2303083394 Hong Kong AFP in English 0448 GMT 23 Mar 94

[Text] Port Moresby, March 23 (AFP)—Doctors have gone to the isolated Trobriand Islands northeast of here to investigate reports that more than 200 people have died from a malaria outbreak, Papua New Guinea (PNG) officials said Wednesday.

National disaster and emergency chief Leith Anderson said hundreds more were reportedly seriously ill.

He said communications from Trobriand were poor, but information reaching his office Tuesday said the epidemic had killed more than 200 men, women and children in the past two months—with the old and very young hardest hit.

Anderson said the epidemic appeared to have hit Kiriwina—the main island—and the Kaileuna, Vakuta and Kitava island groups.

The Trobriands are about 400 kilometers (240 miles) north-east of here.

PHILIPPINES

Official Reports AIDS Spread to 25 Cities, Provinces
BK1803050494 Manila PHILIPPINE DAILY INQUIRER in English 16 Mar 94 pp 1, 10

[Article by J. Esplanada and C. Avendano]

[Text] AIDS has spread to 25 cities and provinces in the country, Health Secretary Juan Flavio disclosed yesterday.

In a press briefing in Malacanang [presidential office], Flavio said most of those affected are in Metro Manila, Angeles City and Olongapo City.

He also disclosed that two more Filipinos died of AIDS last month, bringing to 77 the number of recorded casualties since the mid-1980's.

Flavio did not identify the victims. He did not say either where they died.

The two reportedly died some time between 8 February this year, when the last previous AIDS death was reported, and 28 February.

As of end-February, Flavio said the health department's AIDS/ Human Immunodeficiency Virus Registry had recorded 475 individuals with HIV, the microorganism that causes AIDS and breaks down the human body's defenses against diseases.

Of that number, 125 became full-blown AIDS cases, with 77 dying eventually.

Tens of thousands more Filipinos may have been infected with HIV but remain undocumented.

Flavio earlier estimated their number at 50,000. The basis for that estimate was not explained.

The health department has also said that, in 98 percent of recorded AIDS cases here, HIV was transmitted through blood transfusion, with sexual contact accounting for the remaining 2 percent.

There is no known cure for AIDS.

But the San Lazaro Hospital in Manila has started using AZT, or azidothymidine, on HIV patients.

The drug widely used in the United States and other countries, reportedly slows down the virus' damage to the immune system. But it is known to produce side effects like severe headache and anemia.

The health department's AIDS unit, in the meantime, will conduct random AIDS test in New Bilibid Prisons in Muntinlupa in response to a request from the Department of Justice.

But Flavio said the test "will not be coercive" stressing he was "against mandatory testing because this will make those who are positive to go underground and it will be self-defeating."

Justice Franklin Drilon the other day sought "mandatory test" for 78 inmates at the penitentiary amid reports that a bar girl with HIV was providing sexual services to rich or influential prisoners there.

In Congress, Senator Freddie Webb, chair of the Senate special committee on AIDS, said mandatory tests would violate the prisoners' human rights and only contribute to the "hysteria, stigma, ignorance and misperception" associated with the disease.

On Drilon's statement that a person loses his civil and political rights upon his conviction, Webb asked: "Does a person also forfeit his rights as a human upon conviction?"

Instead of curbing AIDS at the penitentiary, Webb said forced tests just might encouraged its spread.

He cited the "window period," during which a person may have contracted HIV but will test negative because he has not yet developed antibodies against it.

It takes six months after sexual contact for the virus to show up in an AIDS test.

"Forced testing may only lead infected inmates who are HIV- negative to have a false sense of security," Webb said. [sentence as published]

In general, he said, mandatory testing could raise a scare that would force infected sex workers, homosexuals and other citizens to go underground, out of the reach of those who could help them.

Instead of forced test, he said, Bureau of Prisons Director Vicente Vinarao should "do his job" of imposing discipline in the penitentiary to prevent irregularities and malpractice.

In a related development, the Senate approved Monday night a bill promoting voluntary blood donation and regulating the practice of "bloodbanking and transfusion medicine."

The bill is intended to help curb diseases transmitted through blood transfusion, such as AIDS, syphilis, hepatitis B and malaria.

It also aims to phase out commercial blood banks and establish a national voluntary blood donation program within three years of its implementation.

Dr. Dennis Maducdoc, chief of the health department's AIDS unit, said yesterday arrangements were being made with Vinarao and Bureau of Research and Laboratories Director Marietta Bacay for the random, voluntary testing of inmates by this week the earliest.

A second HIV antibody test will be given after six months taking into account the so-called window period.

The test detects the antibodies a person produces in response to the AIDS virus in his blood.

The health department, Maducdoc said, has a standing policy against compulsory HIV testing and prefers that a person submit himself to the test on his own free will.

Once a person decides to take the test, "we will go there and provide the services," he said.

In a news briefing, Maducdoc said testing of the inmates would give the health department an opportunity to find out for the first time "what is happening inside (the country's) jails."

He disclosed that the health department had received proposals from non-governmental organizations for financial assistance to an AIDS information and education program for the inmates.

"But this was not given priority for lack of funds," he said.

He promised, however, to recommend some of these proposals to an AIDS donors' meeting in June.

Twenty-Eight Typhoid Fever Cases in Metro Cebu
BK1403114194 Manila MANILA BULLETIN in English
9 Mar 94 p SB-7

[Article by Hilario Embrado]

[Text] Cebu City—An unusually high number of typhoid fever cases has been reported in Metro Cebu and health officials are now conducting an epidemiological investigation to trace its source.

Assistant Regional Health Director Jose Rodriguez said the health department's disease surveillance center reported 28 confirmed cases of typhoid fever admitted in at least six hospitals in the city.

Of the 28 confirmed cases, 11 are from Cebu City, eight from Lapulapu City, four from Mandaue City, one from Toledo City, and two each from Liloan and Talisay towns.

As this developed, Rodriguez said they have sent an epidemiological team to Cordova in Mactan Island to check reports that 18 people are suspected to have been afflicted by typhoid fever.

Rodriguez said that the number of typhoid cases for the period from January to middle of February is very much higher than that recorded for the same period last year.

Typhoid fever is caused by the fever-causing bacteria called "Salmonella typhi." Its symptoms, aside from fever, include headaches and abdominal pains.

Rodriguez said typhoid fever is dangerous in that, if not immediately detected and cured, could lead to the rupture of the intestines.

Regional Health Director Consuelo Aranas signed directives asking health officers in every city and municipality in the region to monitor the situation and conduct epidemiological investigation.

THAILAND

Military's Planned Test of AIDS Vaccine Suspended
BK1203161194 Bangkok THE NATION in English
12 Mar 94 p A3

[Article by Rakkit Rattachumphot]

[Text] The military's planned testing of an AIDS vaccine on HIV-positive soldiers has been suspended while another candidate vaccine undergoes trials, according to a high-ranking officer in the Defense Ministry's Medical Department.

The department's Military Research Institute had intended to run trials with the vaccine gp160. Approval was given by the National Committee on AIDS on February 14.

Produced by the Micro Genesis company of the United States, gp160 is designed to combat the Human Immunodeficiency Virus (HIV), which leads to Acquired Immune Deficiency Syndrome or AIDS.

"The candidate vaccine (gp160) has not performed satisfactorily in tests on Americans," said the officer, who declined to be named.

The institute was considering another multivalent vaccine produced by United Biochemicals Inc (UBI) of the U.S.

"It is a synthetic vaccine which is designed to treat many kinds of HIV infection, including the Thai strain," the officer said.

However military testing of the vaccine could not start for another six to eight months and would need the approval of the National Committee on AIDS.

The committee has already approved testing of a UBI vaccine by the Thai Red Cross under the auspices of the World Health Organization.

Project director Prof. Praphan Phanuphak announced on Wednesday that tests would start on May 1 using civilian volunteers who test HIV-negative.

"WHO will be responsible for scrutinizing the trials and making sure there is no breach of ethics or human rights," he said.

VIETNAM

Thirty-One New HIV Carriers Detected in Early March

BK1803100094 Hanoi Voice of Vietnam in English
1000 GMT 17 Mar 94

[Text] Thirty-one more HIV carriers were found in the first 12 days of this month. The National AIDS Committee said the national figure as of 12 March has risen to 1,312, including 79 foreigners. Seventy-five AIDS patients were described as full-blown and 18 have died.

ALBANIA

Official Views Blood Donation Concerns, AIDS Infection*AU1903184694 Tirana TVSH Television Network in Albanian 1900 GMT 13 Feb 94*

[Text] An inspection of our hospitals shows that they cannot fill the needs of patients treated with blood or its by-products. The blood donation problem has become more distressing because of the simple fact of the danger of the spread of AIDS, as well as the increase of accidents resulting from the increase in the number of vehicles in our country. We interviewed Agim Kociraj, director of the Blood Transfusion Service, about this problem.

Unattributed reporter: Mr. Agim, how is such a situation created?

Kociraj: As the public is aware, three cases of HIV positive AIDS infection have been identified in Albania. The very important role of the Blood Transfusion Service in the spread of this infection is also known. At this very important moment, we have managed to exert 100 percent control over the amount of blood collected from the blood donation system with regard to the presence of this very dangerous infection. However, the fact that all of the blood is 100 percent controlled does not mean that the danger is completely eliminated. Everyone knows that the methodology used cannot identify the presence of the infection in its first phases. It is known that this infection can be reduced at minimum, but cannot be eliminated. In order to reduce to a minimum the possibility of the infection spreading through the blood, it is necessary to include in the blood donation system blood donors from groups that less endangered than the majority of the population insofar as carrying this infection. The fact that in Albania the system operates with 100 percent paid donors does not help much in this direction. This for the very obvious fact that a small group of paid blood donors are always one of the most endangered groups insofar as being an AIDS virus carrier.

What is envisioned, and what is being done in this direction?

Viewing the problem with much seriousness, the Health Ministry, in cooperation with the Blood Transfusion Service, has passed a new regulation that anticipates collecting blood from less endangered groups, first from the relatives and friends of patients who need blood in our hospitals. This has considerable importance because family members and relatives are of the less endangered groups insofar as carrying the AIDS virus. For this reason, we think we should cooperate with the relatives, family members, visitors, and friends of the sick who need blood, so that they prove their bond with the patients, considering that these patients not only need blood but need the best ensured blood.

This is the short-term program. The long-term program contains a very broad propagandistic campaign for the creation of a completely new tradition that has not heretofore existed in Albania—the establishment of voluntary, unpaid blood donation. This program includes governmental and non-governmental institutions such as the Albanian Red Cross and the Health Education Directorate. Enormous assistance by the mass media is absolutely necessary in this direction. For this reason, I take advantage of

the opportunity to first thank Albanian Television, which is showing interest in the introduction of this program.

BOSNIA-HERZEGOVINA

Infectious Disease Report Updated; Preparations Begin for Return of Refugees*AU1703211894 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1800 GMT 17 Mar 94*

[Excerpt] [Passage omitted]

In the past week, 6,576 cases of infectious diseases were registered in Bosnia-Herzegovina. Enterocolitis makes up the majority of cases, followed by influenza and infectious hepatitis. Medical equipment and expert medical teams are most needed in the areas where the aggressor continues to attack fiercely. In accordance with the normalization of the situation, preparations have begun for the return of displaced persons within the country, and of those from other countries. The number of Bosnia-Herzegovina refugees has climbed to 1,260,088. Of these, 727,234 refugees have been registered in areas under the control of the legitimate authorities. The majority of our refugees are in Germany, Croatia, Austria, Switzerland, and in other countries.

CZECH REPUBLIC

Academy Discovers Possible Cure for AIDS, Other Diseases*AU2803142994 Prague MLADA FRONTA DNES in Czech 24 Mar 94 p 1*

["(aha)"]-signed report: "The Discovery of Czech Scientists May Help Cure AIDS"

[Text] Prague—The discovery of a new group of chemical substances by scientists from the Department of Chemistry and Biochemistry of the Czechoslovak Academy of Sciences in the mid-1980's can essentially affect the development of medical drugs against AIDS. The new drugs based on the substance developed by the Czech scientists affects diseases caused by the so-called DNA viruses, or retroviruses [retrovirus] that appear in connection with immune deficiency, particularly in AIDS patients and in patients that have undergone tissue transplants.

"The new preparation should solve, for example, the problem of shingles (an eye disease causing blindness), hepatitis, and even AIDS. It has an effect on viruses for which medical science has no drugs," Antonin Holy from the Academy of Sciences said. Patients would take the drug once a week, or at longer intervals.

The U.S. firm Gilead Sciences from California has obtained a license for utilizing the discovery of the Czech scientists and is attempting to manufacture the drug. In the United States, where the preparation is being tested on AIDS, experts say that it really affects the condition of people who suffer from full-blown AIDS. Clinical tests of all the preparations are not yet completed.

Report of Bacteriological Weapons Sparks Controversy

Military Reported To Possess Weapons

AU1803114994 Prague CESKY DENIK in Czech
17 Mar 94 p 1

[Jan Benes and Lubor Kohout report: "We Are Under the Threat of Bacteriological Weapons!"]

[Text] According to findings by CESKY DENIK reporters, a very dangerous family of bacteriological and virological weapons is secretly stored on the Czech Republic's territory. Our country is a signatory to the Geneva Convention, which this obliges us not to allow our army to develop bacteriological or virological weapons, use them, or store them without international approval.

Within the framework of the former Warsaw Pact, the then Czechoslovak Socialist Republic was authorized to develop bacteriological weapons. A very secret site was designated for this purpose in the Military Research Institute near Techonin in the Orlicke Hory mountains. The Research Institute operated within the framework of the Military Medical Academy in Hradec Kralove. Scientists from other Warsaw Pact countries participated in the development and testing of these very dangerous and inhumane weapons. They were mostly from the former Soviet Union—from a Leningrad institute—Bulgarians, and others. CESKY DENIK reporters have found out that the species of the bacteria and viruses developed in Techonin had been stored in various places in the Czech Republic until recently. On other, unknown places, they may still be stored. This is not only a violation of the Czech Republic's international obligations, but also a criminal act—at the very least—of posing a public threat with unpredictable consequences.

It is very likely that in the Military Research Institute in Techonin species of biological weapons are still being stored, or have been destroyed only very recently. They are for example, a culture of cholera, the plague, smallpox, tularemia, meningitis, and the rare psittacosis.

Prague Hospital Storage Site

AU2103133394 Prague CESKY DENIK in Czech
18 Mar 94 p 1

[Jan Benes and Lubor Kohout report: "A Crime Endangering Central Europe!"]

[Text] One of the places where, until recently, our army concealed very dangerous bacteriological and virological weapons was the Central Military Hospital in Prague-Stresovice!

CESKY DENIK reporters have discovered that strains for bacteriological weapons were stored, without expert supervision and the necessary caution, in a laboratory leased to a private company on the grounds of the Central Military Hospital in Stresovice. They were developed on the basis of a former Warsaw Pact treaty in a research institute in Techonin in East Bohemia. The laboratory, with its containers full of cultures for dangerous infectious germs prepared for combat use, was leased to the private Klinlab company. According to the information available, Deputy Defense Minister Engineer Miroslav Kalousek was involved

in establishing this company and in leasing part of the Central Military Hospital, including the facility used by this company. The Defense Ministry also purchased expensive laboratory equipment for the Klinlab company. The whole project was described as top secret and of special significance.

Some of the containers, in which various kinds of bacteria for weapons "cultivate," by Czechoslovak military experts were stored, were sold into private hands, that is, to the Klinlab company.

Bacteriological and viral weapons are among the most insidious and dangerous. International agreements commit the Czech Republic to preventing their use, development, and storage. It is apparent from the findings of the CESKY DENIK reporters that the cultures for the bacteriological weapons were stored in the Central Military Hospital with the knowledge of some of our most senior military representatives.

Former Institute's Director Denies Claims

AU2103125894 Prague MLADA FRONTA DNES
in Czech 18 Mar 94 p 2

["(lek)"]-signed report: "The Military Institute Did Not Develop Biological Weapons, Says Propper"]

[Text] Hradec Kralove—The former Military Research Institute in Techonin in the Orlicke Mountains (now the J.E. Purkyne Military Medical Academy Institute of Immunology and Microbiology) did not develop in the past—nor is it doing so at present—bacteriological weapons. This statement was made yesterday by Petr Propper, the institute's former director. "The institute dealt exclusively with defense-related research," he said.

Propper described as false the claim in CESKY DENIK that dangerous strains of bacteria and viruses, in whose development the Techonin-based research institute was involved, are stored in various locations in the Czech Republic.

According to Josef Fusek, the rector of the Military Medical Academy in Hradec Kralove, no bacterial or viral strains with transmuted immunological properties were ever developed at the institute. Fusek also denied that cholera, plague, smallpox, meningitis, or psittacosis germs would have been stored in the institute's laboratory. According to him, the research concerned other infectious diseases, for example, tularaemia.

A commission of experts visited the Techonin institute last week—on the order of Defense Minister Antonin Baudys—where they carried out an inspection and destroyed the cultures that will no longer be used for current research, said Fusek.

According to staff from the Charles University Faculty of Medicine Institute of Microbiology, strains of all the existing bacteria and viruses—including cholera, plague, smallpox, and other diseases—are stored in a number of microbiological laboratories. The way they store and dispose of them is, of course, subject to the regulations of the World Health Organization, which rules out any threat to the population.

The Defense Ministry will not, according to its Press Department, respond to the report in CESKY DENIK.

Commentary on Disease Cultures*AU2103173494 Prague CESKY DENIK in Czech
18 Mar 94 p 3*

[Jan Benes commentary: "Illegal Bacteria"]

[Text] Hiroshima, Nagasaki, and Chernobyl enriched the world by the knowledge of the appearance of nuclear death. The beginning of the nuclear age was announced by an act of war in the war that the United States neither began nor provoked. It took place at the time when the consequences were not known. The Chernobyl accident took place at the time when the consequences were known. Nevertheless, our subservient state leadership did practically nothing to protect the society against the aftermath of this accident. The crime of public endangerment, which then took place, has not been punished.

A journalist must not swallow any bait, nor can he miss any alarming news. The rumors about SS-20 missiles "forgotten" by the occupational power [on Czech territory] are among the things that simply cannot be missed. That is true despite the fact that one must know how to use a flare, or a warhead, and an explosion accidentally triggered by a layman is less likely than by an incompetent manipulation with a hand grenade.

The situation was worse when unverifiable rumors referred to a warhead with a chemical warfare agent. It was just the more "poignant" as both the Soviets and Czechoslovakia once promised that they would not keep such warfare agents.

Moreover, the treaties in which the USSR and former Czechoslovakia vouch that they will not use bacteriological or virological weapons would make a respectable library. It is not only that they promised not to use the weapons—they actually promised not to have them.

Of course, some disease cultures, bacteria, and viruses are stored and cultivated for scientific reasons, even in the civilian sector. There are, however, long series of treaties and agreements that specify where and how. Under no circumstances, however, at a single location or even a single country. If they have, for instance, smallpox in Stockholm, then they do not have typhoid, which in turn is, let us say, in Milan. These treaties and agreements are also binding for the Czech Republic.

Nevertheless, the cultures, and in a form ready for combat use, have been and are here. In our army, completing its transformation and under the leadership of a Christian minister, who should know something about it? Our top brass, as is well known, are founding businesses, consortia, etc. You will find a small civilian business under the name of Klinlab also in the Central Military Hospital building. Similar cultures were brought there from Tachonin in eastern Bohemia, where they were cultivated for the Warsaw Pact. They are stored in the Central Military Hospital contrary to all the aforementioned documentation. It is simply a commonplace company, equipped, however, at the expense of the Army, i.e. at the expense of the ordinary taxpayer. All this with the knowledge of the reformed General Nekvasil. Even his economic deputy, Kalousek, knew about it, for he approved the purchase of the equipment for the Klinlab company, which was certainly not cheap.

As we have managed to ascertain, the serum banks stored in the Military Hospital building contain gel ready for immediate use. Hence, a catastrophe can be set off by trickling out small pox, bubonic plague, or psittacosis etc., in the subway for instance.

An unintentional release could threaten Prague with, at least, the fate of Sverdlovsk (it is now called Ekaterinburg again), where a bacteriological warfare agent was released into the ventilation system of the local "pharmaceuticals factory" and, subsequently, mysterious epidemics broke out in the city. An unknown epidemic pneumonia was the most common cause of death.

In the Czech Army, the bacteriological and virological death received the mark PTZD [prisne tajne, zvlastni dulezitosť]—top secret, privileged information. The Central Military Hospital in Prague, in the building of which the Klinlab is located, is a military zone, where the police has no business. At the same time, it is also accessible to hospital visitors on the weekends, and, of course, to outpatients. This means that it is generally accessible. The building itself can even be accessed underground.

The building has been visited occasionally by a certain Colonel Zaykov and Mr. Frolov. Colonel Zaykov used to be a KGB attache, while Mr. Frolov was an adviser at the Foreign Trade Ministry. Currently, they both hold valid cards for foreigners with permanent residence here, and engage in business. How about selling these cultures to, let us say, Libya. Let us hope that the appropriate authorities will deal with this case in all seriousness.

Bacteria, Viral Strains Reported Destroyed*AU2103145694 Prague CESKY DENIK in Czech
19 Mar 94 p 1*

[Jan Benes and Lubor Kohout report: "The Viral and Bacterial Strains Stored in the Central Military Hospital Are Destroyed Posthaste"]

[Text] In the CESKY DENIK on Thursday and Friday [17 and 18 March, see referent item], we have reported the existence of still-maintained bacterial and viral strains developed for use as biological weapons. According to the findings by the CESKY DENIK reporters, one of the banks of these strains was concealed in the Central Military Hospital in Prague-Stresovice.

Yesterday, Czech Defense Minister Antonin Baudys called an extraordinary news conference; as he phrased it, "just to calm down the public."

Antonin Baudys declared that he was first informed about the existence of the particularly dangerous viruses and bacteria on 13 February of this year. Subsequently, he received more information from various sources on 17 February. On the basis of this information, an interdepartmental commission was formed, in which Health Ministry experts were also represented. The commission, according to Baudys, investigated and assessed the situation, and also decided to liquidate the biological bank quickly because it was "no longer useful." The bacterial and viral cultures were also destroyed under extraordinary security measures between 24 and 25 February with the knowledge and instructions of Defense Minister Antonin Baudys and Army Chief of Staff Nekvasil. Furthermore, Baudys said that

similar measures were also taken in the Techonin Military Research Institute at the beginning of March. It was precisely in this Institute that, according to the CESKY DENIK sources, biological weapons for the Warsaw Pact were developed. According to claims by the military representatives, however, this bank of biological cultures was a commonplace affair, and their maintenance did not violate any international treaties.

An employee of the Techonin Military Research Institute, Ales Macela, stated that in the facility where he works, no viral or bacterial strains have been cultivated for use in biological warfare. Moreover, he claimed that all documentation about the research has remained in Techonin. According to him, the research was conducted for defense purposes only. According to CESKY DENIK sources, however, the documentation was transferred to Prague under extraordinary security measures at the beginning of March.

Deputy Defense Minister Kalousek said that the Klinlab company had leased nonresidential premises in the Central Military Hospital building. It was precisely in the laboratories operated by this company that the bank of viral and bacterial cultures that were quickly destroyed on 25 February was stored.

Defense Minister's Conduct Criticized

AU2303122694 Prague CESKY DENIK in Czech
21 Mar 94 p 3

[Lubor Kohout commentary: "From Baudys' Realm of Fantasy"]

[Text] Fairy tales are meant for children; of course, some adults like them too. Especially the old, traditional ones. The appeal of modern fairy tales is not so strong. Defense Minister Antonin Baudys, with the support of his subordinates, told us one like this last Friday [18 March]. The minister deemed it necessary to respond to the articles published in CESKY DENIK. They claimed that strains of bacteria and viruses intended for use as the basis for biological weapons are being stored (or concealed) in our military facilities.

If we summarize the statements made by the ministerial and army top brass, this is what we get: Bacteriological and virological weapons were never developed in our secret military facilities, and not at all for the purposes of the Warsaw Pact. The institute in Techonin never took part in such activity; the scientists in its laboratories only worked on immunological research. According to Ales Macela, the current vice president of the Military Medical Academy and a leading research worker at the Techonin institute, there were no technical conditions in his institute for achieving genetic changes in individual strains. The two batches of strains of bacteria and viruses—the one in Techonin and the one that was kept in the building leased to the Klinlab (Clinical Laboratories) limited company in the Central Military Hospital in Stresovice—were simply harmless batches prepared in case the state was involved in a defense emergency. Moreover, 80 percent of them were common

viruses and a mere 20 percent were exotic viruses. Summa summarum: By storing the aforementioned strains, the army in no way violated the international convention on prohibiting the use, development, and accumulation of biological weapons. The interdepartmental commission, whose establishment was initiated by Baudys, decided that it was no longer necessary to keep the strains and, therefore, the viral banks were destroyed. Absolutely nothing happened—irresponsible journalists from CESKY DENIK just want to injure our army.

In considering whether it is CESKY DENIK or the gentlemen from the Defense Ministry and the army who are telling fairy tales, it is enough to recall some of the facts confirmed by Minister Baudys himself and Chief of the General Staff Nekvasil: On 13 February, in connection with the personnel changes in the military health service department, Baudys finds out for the first time about the existence of batches of strains. An investigation follows, and on 17 February an interdepartmental commission is set up on Baudys' initiative. The swift destruction of the first batch in Stresovice begins during the next seven days. The defense minister personally orders the destruction. The chief of the General Staff also gives his personal guarantee that the destruction was carried out safely and that there was no risk. On 9 March the ministerial and army top brass receive the news that there is another batch of strains in Techonin in East Bohemia. Another swift destruction follows.

Other facts, not mentioned by Baudys, speak plainly. The whole affair has been investigated since the beginning by officers from Military Defense Intelligence (VOZ), who were present at the destruction along with the Military Police. VOZ is also taking care of the Techonin research documentation; of course, on Friday Ales Macela claimed that it is still stored in Techonin. The Defense Ministry is handing over part of the case to the Security and Information Service. What on earth for? After all, only allegedly "common and no longer necessary" strains were destroyed!

There were several ways Minister Baudys could have acted before Friday. One of these was telling the truth. He could have said that genetically altered viruses and bacteria developed for use as biological weapons had been concealed without his knowledge. He could have admitted that they are still—in all probability—"stored" in other, so far unknown, places. He chose another course of action, and thus associated himself with the people who had developed and concealed these materials. Parliamentar Foreign Affairs Committee Chairman Jiri Payne declared yesterday that the whole incident has to be thoroughly investigated. It only remains for me to add that, if CESKY DENIK has not reported the truth, the authors of the articles are, according to the law, criminally liable. They could, for example, have committed the crime of spreading alarming reports. If the defense minister is familiar with the criminal law, then he knows that he is required to submit a complaint. He will probably not do so, however, and he knows why. The ministerial fairy tales would not be enough to obtain a conviction in a law-governed state.

Commentary Questions Army Involvement*AU2403181194 Prague CESKY DENIK in Czech
23 Mar 94 p 3*

[Jan Benes commentary: "About Deputy Minister Kalousek's 'Expedient Lie'"]

[Text] In the course of an extraordinary news conference called by the defense minister to calm down the public, Deputy Defense Minister Kalousek described the *CESKY DENIK* information about contributing to Klinlab equipment with Army supplies as an expedient lie. The deputy minister is apparently well-versed in the field so he knew what he was talking about. What he said was an expedient untruth.

This time around, we will not devote our attention to the problem of biological warfare agents (for, at this time, the explanation of the difference between an offensive and defensive cholera is beyond our ability).

We will leave that for some other time, including the military laboratories in Olesnice, as well as the equipment for the reproduction of viruses, with which the Techonin Research Institute was equipped despite the claims made by the Defense Ministry officials calming down the public. After all, it was from here that the Bulgarian, Romanian, GDR, and Russian experts—who used to work here—withdrawed their research and documentation.

So, that is one group of expedient untruths. Let us, however, devote ourselves to the Klinlab Co., a company that operates in the building of the Military Hospital in [Prague-]Stresovice. It was precisely in the facility leased to Klinlab that the bank of "completely common viruses" was located that was destroyed on Defense Minister Baudys' order under extraordinary security measures.

First, already in 1992, expensive foreign-made equipment was bought for the Central Military Health Institution—a laboratory glass washer, for instance, or an automatic analyzer—just to guarantee a good future for the Central Military Hospital [UVN]. The purchases were made by the deputy chief of the Central Military Health Institution (UVZU), Dr. Moravek. The justification was that the UVZU would produce and market hygienically pure water for commercial purposes. Shortly thereafter, however, a questionnaire was circulated among the employees of this institution recruiting "experts" for the future private laboratory institute called Klinlab. The questionnaire was then used to justify (the people want it) the establishment of Klinlab. This company assumed, however, only the profit-making or profit promising part of the UVZU. Under the auspices of Economics Deputy Minister Kalousek, the company was authorized to manage the six-floor facility in the UVN by a contract dated 10 September 1993 and signed with the Army for Klinlab by no one else but Dr. Moravek, still an officer on active duty. He signed as the executive secretary of a company that had not yet been founded, much less registered.

This violates a good number of laws and regulations—including the defense minister's order No. 9 of 11 February 1993.

Only a month after the signing of the lease (which leaves the owner with the obligations of the owner, including construction alterations), on 11 October 1993, the Klinlab company contract was signed, and only on 23 October 1993 is Klinlab entered on the company register.

In a state governed by rule of law, the contract would certainly be invalid. In a state governed by rule of law, the people signing such contracts would be considered cheats. Furthermore, Dr. Moravek and all the other officers from the Klinlab Ltd. who signed the contract brazenly violated Law 143/1992 in its Article 3, Section 4 of the government instruction, according to which they are paid their salary with a 25 percent bonus provided they do not engage in business but only serve in the Army!

The Klinlab lease contract (let us assume that the same ministerial office is responsible for its organization, which refused other privatization projects, including one from Canada) rents the relevant part of the UVN for 720,123 korunas annually to the, of course, not yet existing legal entity, and the money was then lent to them interest-free for a fixed term, i.e., until the purchase contract is signed. All that happens on 1 December 1993. Material and supplies worth dozens of millions is passed onto Klinlab without inventory, and when an inventory is taken of the furniture and equipment, it is calculated at write-off prices. Regarding the laboratory equipment valued at approximately 30 million korunas, then, Klinlab chooses what it needs and purchases (until the date of the purchase contract it will use it free of charge) the equipment at a later date.

So, this is the expedient lie about Engineer Kalousek of which we are guilty.

The military equipment that was profitable for the Army, including the equipment purchased for taxpayer's money, will pass into private hands. The money-losing equipment will be kept by the Army.

Of course, some soldiers wanted to object. That was an ill-advised idea. After all, the appropriate commission investigated it. Even Colonel Krizenecky put his iron in the fire, and so did Military Prosecutor Dr. Novak. The same one who was investigating but never concluded the investigation of the activities of another man of the Kalousek-type at the Defense Ministry, the current director of the *Nase Vojsko* [Our Army] publishing house, Jakub Cisar—of course, that was still in the Orbis publishing house.

We will reach the stage of socialism in our country, we will be successful in defending the peace, and we will thwart the iniquitous activities of traitors, and so on along the arduous path towards a better tomorrow. The officers will get paid (by us, friends) for not engaging in business. They conduct business (with our money). Are we to believe that the sale of microbes, eventually to be thrown into a synagogue as an example, presents a problem for such enterprising entrepreneurs?

YUGOSLAVIA**Number of Heterosexual AIDS Cases Increases in Belgrade***AU1003183694 Belgrade BORBA in Serbo-Croatian
4 Mar 94 p 17*

[J. Vujadinovic report: "At Risk Even With 'Common' Sex"]

[Text] Regarding the trend that hitherto placed drug addicts at the top of the groups most at risk of contracting the AIDS virus, according to data for the last year for the Belgrade area, where there is the greatest concentration of registered cases, a certain increase of AIDS cases among heterosexuals has been detected.

According to Verica Ilic, epidemiologist from the City Institute for Health Care, in the course of the last year 32 HIV positive cases were registered, 43 diseased cases, and 58 fatalities. The institute registered some 30 HIV positive cases among drug addicts, while 31 people contracted the virus through heterosexual intercourse.

"Two years ago intravenous drug addicts were the group most at risk. However, last year there was a considerable decrease of cases in this group—from 59.7 percent (registered 1992), the percentage of drug addicts in the total number of HIV positive cases dropped to 36.6 percent. On the other hand, in 1992 there were 23.6 percent of cases that had contracted HIV virus through heterosexual intercourse, while in 1993 there was a considerable increase in the number of such cases, jumping to 32.9 percent of the total," Ilic says.

How then can the possible mass spreading of AIDS virus be prevented in the future, in view of such a turnabout of the groups at risk, placing heterosexuals ahead?

"The most difficult thing is to control the sexual behavior of people, and make them change it. It is particularly difficult, in view of the turbulent times that we are living in, to make young people change it. AIDS is certainly a deadly disease, but those are also an entrance for all the problems that the young people have today [sentence as published]. On the one hand, sex is an outlet, but on the other hand, nobody has enough time for teenagers. It is precisely for that reason that we are insisting on talking to them and educating them," Viktorija Cucic, Yugoslav coordinator for AIDS with the WHO and chairman of the Yugoslav Association for AIDS Prevention.

Starting from the association's basic goal—to educate as many young people as possible, in order to prevent death from ignorance—the travelling caravan headed by Cucic has recently arrived in Montenegro, where a seminar has been held for 95 youngsters. "We also work with the teachers, using the program 'Together Against AIDS.' It is about educational seminars comprising six lessons each, which involve the most contemporary educational methods. After the seminars, the teachers themselves organize courses in their schools for students," Cucic explains. She also underlines that, given the poor financial circumstances in Yugoslav health care, knowledge and sane behavior are now the only available instruments for fighting AIDS, so the association is making efforts to equip the people with those instruments in order to develop in them responsibility for their own health.

Details on Brucellosis Cases in FYROM

94P20531A Skopje VECER in Macedonian 22 Feb 94 p 9

[Article by R.N.: "Brucellosis Is Subsiding, but So Is Concern"]

[Text] During 1993, the number of patients suffering from brucellosis decreased markedly in comparison to the figure for 1992. According to data from the republic's Institute for Preventative Medicine, last year there were 561 cases, as opposed to 922 in 1992. The Director of the Institute for

Epidemiology and Microbiology, Dr. Dusko Panev, cautioned that brucellosis remains a serious problem in the republic. In view of the unquestionable effect of the struggle against the spread of this animal disease among humans, there will not only be a continuing campaign against it in the forthcoming period, but also a determined "plugging" of some "cracks" in the defensive lines.

First and foremost, explained Dr. Panev, the number of opstinas [townships] and inhabited places where the disease has been registered does not show such a great decline. More precisely, if in 1992 brucellosis was in evidence in 177 inhabited places within 22 opstinas, last year the disease "climbed" in 150 inhabited places within 19 opstinas, in other words, it remained present on the territory throughout the republic. In the previous period, the "hottest" places were the districts of Strumica (133 as opposed to 154 cases in 1992), Radovis (103), Valandovo (45), Skopje (59), Kumanovo, Veles...[as published]

In contrast to the still problematic private sector, the social sector is much more effective in the struggle against this animal disease. Epidemiological studies have demonstrated that the reasons for the spread are most often connected with contact of the individual producers and through the consumption of impure milk and cheese from goats and sheep.

According to Dr. Panev, "Despite all the effort, it is still possible to find milk producers at the market who do not have adequate safety certification. And it is exactly from such food items that people have become ill with brucellosis in the past few years. Earlier, this disease was a job-related illness of herdsmen and veterinarians. But now, the victims are those who have not observed commonly accepted preventive measures, (pasturizing milk and cheese) both among families raising livestock and those supplied by them."

The struggle against brucellosis is a complex, longterm process that may take several decades. Since 1980, when the disease appeared here in epidemic form, the main forces in the eradication campaign have been veterinarians and health workers. Dr. Panev explained that, last year alone, medical personnel carried out more than 13,000 serological tests and more than 14,000 medical examinations, placed 426 inhabited places under medical supervision, and visited 1,184 sites....

With early detection of the disease and the use of effective medicines, the intensity and the channels through which the disease is transmitted from one medium to another are localized and defenses are established. In this area, cooperation with veterinary bodies is exceptional. Meanwhile, the "gates" have opened a little for some other organizations whose participation is necessary to increase the effectiveness of the effort. Foremost in this respect are the police organizations that are often overlooked in the transportation of livestock; they should be demanding the compulsory "veterinary" certificates which are shown for exactly these reasons. The services should also provide compensation for the sick animals that are destroyed. But when the "injured parties" are humble, it is not surprising that some shepherds see the solution to their problems in marketing products from sick animals in a neighboring villages or opstinas.... This cycle, in any case, must be stopped.

REGIONAL AFFAIRS

Southern Cone Health Report Through 10 March
PY1003235094

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 10 March.

Brazil

Rabies/leishmaniosis/cholera—The Aracatuba prefecture will have to kill 19,000 dogs in the next four years to stop the expansion of rabies in this city in the interior of Sao Paulo State. Leme, Andradina, and Aracatuba have already registered 107 rabies cases. The State Health Secretariat reported that 687 cases of leishmaniosis were registered in Sao Paulo in 1993. Meanwhile, the cholera epidemic continues in Ceara State, especially in Fortaleza, which has registered 85 percent of the cases detected in the state, which accounts for 11,983 of the 15,364 cases registered nationwide in 1994. Paraiba State with 1,066 cases and 10 fatalities, has the second-highest rate of cholera. (Sao Paulo FOLHA DE SAO PAULO in Portuguese 3 Mar 94 Section 3 p 1)

Malaria—Para Federal University's Tropical Medicine Institute has discovered that the use of either mefloquina or artesunato has been 100 percent effective in the treatment of 50 gold prospectors infected with malaria in Itaituba, 1,900 km west of Belem, capital of Para State. Itaituba is one of the municipalities with the highest malaria rates in the Amazon, which accounts for 99 percent of the 600,000 cases registered in the country per year. (Sao Paulo FOLHA DE SAO PAULO in Portuguese 5 March 94 Section 1 p 12)

Leptospirosis—The Sao Paulo State Health Secretariat on 6 March confirmed that 14 people have died from leptospirosis in Sao Paulo State, 11 in greater Sao Paulo. A total of 142 cases have been registered so far in the state. (Sao Paulo FOLHA DE SAO PAULO in Portuguese 7 March 94 Section 3 p 3)

Cholera—The Noel Nutels laboratory on 3 March confirmed that two new cholera cases have been registered in the Pinto Roquete and Vidigal shantytowns in Rio de Janeiro. The total number of cholera cases have risen to 16 in the city so far this year. (Rio de Janeiro O GLOBO in Portuguese 4 Mar 94 p 9)

Chile

Meningitis—The Coquimbo Health Service reported that a four-year-old girl died of meningitis on 22 February in the township of Ovalle, in the Fourth Region, the first fatality in the region this year. (Santiago Radio Cooperativa Network in Spanish 2200 GMT 3 Mar 94)

Uruguay

Chagas—Roberto Salvatella, director of the Health Ministry's Chagas Disease Program, stated that chagas will be eradicated in Uruguay in five years. He noted that no serious cases have been detected since 1984 and the number of houses attacked by the insect has dropped considerably. (Montevideo EL OBSERVADOR ECONOMICO in Spanish 25 Feb 94 p 27)

Southern Cone Health Report Through 17 March
PY1803225094

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 17 March.

Argentina

Cholera—The Health and Social Action Ministry on 17 March reported that six new cholera cases were registered in Buenos Aires, Jujuy, and Santiago del Estero Provinces. The number of people infected with the disease nationwide has risen to 815 this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 2205 GMT 17 Mar 94)

Cholera—One more cholera case was reported in Salta Province. The number of cholera cases in the province already totals 516. (Buenos Aires Radio Nacional Network in Spanish 1600 GMT 16 Mar 94)

Meningitis—Health officials reported that a 37-year-old man died of meningitis in Belem, Catamarca Province. This is the first fatal meningitis case in the province. (Buenos Aires Radio Nacional Network in Spanish 1600 GMT 16 Mar 94)

Bolivia

Cholera—A total of 1,498 cholera cases and 18 fatalities were registered nationwide in the year's first two months. The breakdown of cases is as follows: 515 cases in Tarija, 458 cases in Chuquisaca, 293 cases in Santa Cruz, 121 cases in Tupiza, 44 cases in Cochabamba, 27 cases in La Paz, 25 cases in El Alto, and 15 cases in Potosi. (La Paz PRESENCIA in Spanish 1 Mar 94 Second Section p 3)

Chagas—At least 50 percent of Cochabamba Department's residents are infected with Chagas disease, but the percentage is higher in the high-risk zones. It was found that 40 percent of the houses are infected with the insects that transmit the disease. (La Paz PRESENCIA in Spanish 2 Mar 94 p 3)

Brazil

AIDS—The Health Ministry reported on 14 March that of the 48,166 AIDS cases registered in Brazil between 1980 and January 1994, 19,252 were fatal. Of the reported cases, 40,849 are men. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 0113 GMT 15 Mar 94)

AIDS—The government on 16 March signed a \$250 million agreement with the World Bank to finance the AIDS prevention program. The World Bank will provide \$160 million and Brazil \$90 million. (Brasilia Voz do Brasil Network in Portuguese 2200 GMT 16 Mar 94)

Chile

Meningitis—The Conquimbo Region Health Post registered two new cases of type-B meningitis meningococcus. A total of 29 cases were detected in January and 20 in February nationwide. (Santiago EL MERCURIO in Spanish 23 Feb 94 p C7)

Meningitis—Three new meningitis cases were detected in northern Santiago, including a 11-month-old who died. (Santiago Television Nacional de Chile Imagen Internacional in Spanish 0100 GMT Mar 15)

Uruguay

Leprosy—Julio Macedo, general director of the State Health Service Administration, stated that the Health Ministry is determined to eradicate leprosy this year. There still are 20 people infected with the disease in the country. (Montevideo BUSQUEDA in Spanish 24 Feb 94 p 36)

Southern Cone Health Report Through 24 March PY2403211494

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 24 March.

Argentina

Cholera—The Health and Social Action Ministry on 22 March reported that a new cholera case was registered in Salta Province. The number of infected people nationwide has risen to 829 so far this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1813 GMT 22 Mar 94)

Brazil

Cholera—The Mogi Mirim and Limeira Regional Health Units increased efforts in the face of the first cholera case detected in the rural area of Conchal, a municipality with 40,000 inhabitants, located 185 km from Sao Paulo. (Sao Paulo O ESTADO DE SAO PAULO in Portuguese 22 Mar 94 p A15)

Leptopirois —Two residents of the Vila Santa Rosa slum died of leptopirois in Florianopolis. Twenty cases already have been registered in the region. More than 16 cases were detected in Sao Paulo State from 18 to 21 March, raising the number of infected people to 240. (Sao Paulo O ESTADO DE SAO PAULO in Portuguese 22 Mar 94 p A15)

Chile

AIDS—The Health Service reported 47 AIDS cases and 21 fatalities were registered in Antofagasta from 1987 to 1993. Of the reported cases, 43 are men. Most cases were sexually transmitted. (Santiago Radio Cooperativa in Spanish 2300 GMT 23 Mar 94)

Roundup of Regional Epidemiological Developments Through 11 March

PA1203182294

[Editorial Report] The following is a compilation of reports on regional public health and epidemiological developments monitored through 11 Mar 1994.

Colombia

AIDS—Health Minister Juan Londono today reported a marked increase in the number of Colombians infected with the AIDS virus. At the current rate, 400,000 Colombians will have been infected by the end of the century. (Hamburg DPA in Spanish 1408 GMT 6 Mar 94)

Costa Rica

Diarrhea—According to health authorities, 1,281 children suffering from diarrhea are receiving care at the National Children's Hospital. (San Jose LA REPUBLICA in Spanish 26 Feb 94 p 5a)

Ecuador

Diphtheria—Diphtheria, believed for several years to have been eradicated, has suddenly reappeared in Ecuador. In the past two weeks, 14 people have been infected, two of whom died. (Hamburg DPA in Spanish 2358 GMT 7 Mar 94)

El Salvador

Shigellosis —The Red Cross has reported an outbreak of shigellosis that has affected 75 people in Salalagua, La Union Department. The bacteria causes bloody diarrhea, abdominal pain, and fever. It can only be controlled with antibiotics. (Mexico City NOTIMEX in Spanish 0904 GMT 10 Mar 94)

Panama

AIDS—A health department source has said that three new AIDS cases were reported in Chorrera in the first 50 days of 1994. (Panama City EL SIGLO in Spanish 9 Mar 94 p 59)

Roundup of Regional Epidemiological Developments Through 25 March

PA2603201594

[Editorial Report] The following is a compilation of reports on regional public health and epidemiological developments monitored through 25 March.

Colombia

Whooping Cough—Bogota health officials have reported 17 children have died due to whooping cough in Bajo Naya, on the border between Valle and Cauca. The Health Commission has gone into the Indian communities to confirm an alleged condition but found the cause to be an epidemic of whooping cough. (Santa Fe de Bogota EL NUEVO SIGLO in Spanish 6 March 94 pp 1, 8)

Costa Rica

AIDS—According to the latest statistics released by the Health Ministry, there have been 23 new cases of AIDS this year—11 by homosexuals and seven by heterosexuals, all of whom contracted the disease through sexual contact. The cause is unknown in one of the cases. The incidence of women is very low, according to the official report, as only one woman is registered for every 11 men. So far there have been 586 cases reported nationwide, half of which are in San Jose. (San Jose LA REPUBLICA in Spanish 19 March 94 p 9A)

Ecuador

AIDS—Health Minister Dr. Patricio Abad has reported there has been an evident increase in the number of AIDS cases in Ecuador, which now total 714. The incidence increased to .62 per every 100,000 inhabitants during 1993. [figures as received] The most cases have been registered in the coastal area. (Quito Voz de los Andes in Spanish 2300 GMT 14 March 94)

Diphtheria—A epidemic has been reported in Quito, according to Health Ministry officials. Despite statements denying further spreading of the illness, the cases are still increasing in number; there are 25 cases so far, and two people have already died. The ministry has only 700,000 doses of the vaccine but has begun a massive inoculation campaign to try and control the epidemic. (Madrid EFE in Spanish 2026 GMT 21 March 94)

Guatemala

Cholera—Cholera continues to thwart the poor areas of Quetzaltenango, as six people have died within a short period. Authorities have been unsuccessful in convincing relatives to bury their dead quickly, instead of mourning them for the usual 24 hours. (Guatemala City PRENSA LIBRE in Spanish 17 March 94 p 33)

Cholera—Health officials have reported cholera has hit Escuintla, Guatemala, and Izabal Departments the hardest, with 34 percent, 26 percent, and 6.8 percent of the cases respectively. Health Minister Gustavo Hernandez has told reporters during a meeting with international health organizations there has been a 33-percent increase in the number of cases this year in relation to the same period in 1993. (Guatemala City SIGLO VEINTIUNO in Spanish 23 March 94 p 3)

Honduras

Cholera—Atlantic Coast communities have reported six new cases of cholera. Official reports state the total figure is 640 for the first three months of the year, and 16 people have died. Officials are bracing for the Easter holidays, as thousands of vacationers converge on regional beaches. (Hamburg DPA in Spanish 1742 GMT 24 March 94)

Mexico

Mange—Chihuahua Indians are suffering from mange, according to a report by a group of missionaries touring poor communities in the region. A Tarahumara community near the U.S. border has 70 cases. Missionaries have called the situation an epidemic, as cases tend to increase due to the high level of malnutrition and the lack of health services in the area. (Madrid EFE in Spanish 2224 GMT 13 March 94)

Panama

AIDS—Epidemiologist Xavier Saenz-Llorens, from the Children's Hospital, has reported there are 625 children under the age of 15 who have the AIDS virus. Overall, there are approximately 15,000 cases nationwide. Eleven children have died so far. A good 95 percent of these cases are due to prenatal infection, meaning they contracted the disease inside the womb. (Panama City LA ESTRELLA DE PANAMA in Spanish 22 March 94 p A1)

HIV—Dr. Amalia French, director of Santo Tomas Hospital, has reported there are approximately 30,000 HIV carriers in Panama, meaning, she explained, 15,000 to 20,000 people will develop the disease over the next 10 years. Health officials say there are insufficient resources to deal with such a high number and stress the need for prevention. (Panama City Circuito RPC Television in Spanish 2300 GMT 18 March 94)

CUBA

AIDS Policy, Statistics Reported

94WE0197A Havana BOHEMIA in Spanish
No 3, 4 Feb 94 pp 5-11

[Articles by Juan Carlos Rivera and Alberto Salazar]

[Excerpts] [Passage omitted] In recent months, as a result of our country's sanatorium policy, consideration has been given to reincorporating AIDS patients into society. This

raises the possibility of outpatient treatment with ongoing medical checkups and monitoring of the virus and illustrates our respect for patients as individuals and the protection of their human rights. Reincorporation, which will be only for those who have accepted their condition as HIV-positive, are sufficiently mature and psychologically well balanced, and display responsible social and sexual conduct, will not mean the disappearance of the sanatoriums. The move is part of Cuba's advancing and consistent program for battling AIDS. [passage omitted]

[Box, p 8]

The AIDS sanatorium in Pinar del Rio has 44 patients, although there were 96 HIV-positives in the provinces in October 1993. The rest are in Los Cocos in Havana. There have been 20 deaths since the disease emerged. The sanatorium has 48 employees. Its director, Dr. Angel Fulladosa, says that surveys in college preparatory schools in the province reveal that youngsters know quite a bit about AIDS. Most, however, answer yes to this question: "And if you feel like it, do you have sexual relations even if you know that you are HIV-positive?" [passage omitted]

Moreover, drugstores are no longer carrying condoms, and youngsters are not in the habit of using them anyway. The high risk groups in the province are girls 14 to 18 and boys 16 to 20. There are other risk groups as well, though. There is systematic monitoring in the province, and 700,000 tests have been done since studies began in 1986. This enables us to say that there must not be more than a few undetected cases in the province.

The young people here can receive visits from their relatives or go home for several days, and this helps their morale greatly. Some sanatoriums have also started gradually releasing patients back into their neighborhoods. They have good relations here with the locals, and friendships are developing. All of this is helping to make the youngsters less aggressive. Proper, humanitarian treatment improves social relations, Fulladosa says, as we tour the sanatorium's new facilities under construction: soon to be completed bungalows among the trees with a maximum capacity of 150.

While many governments and health-care systems around the world seem powerless or at least bewildered by the geometric spread of AIDS, Cuba still has an extremely low rate of HIV infection, under 0.01. The containment of the epidemic on our island is often attributed, especially overseas, to the sanatorium policy implemented by local medical authorities. As a result, many will be surprised to hear that Cuba now proposes to provide outpatient treatment to every HIV-positive person who wants to and can receive it.

This decision does not, however, imply that the country is even partially giving up on an institution that has proven its effectiveness in containing the disease. BOHEMIA asked Dr. Reinaldo Gil Suarez, who runs the National Program Against AIDS, and Dr. Mariluz Rodriguez Alvarez, the director of the National Health Education Center, to comment on this subject.

"The National Program Against AIDS is 10 years old now," explains Gil Suarez. "The first measures were taken in 1983. They consisted of a system of surveillance against opportunistic diseases and a ban on imports of blood products from countries in which AIDS was present. This averted major

problems for us. Because we ourselves produced these drugs, with the necessary rigor and care, the number of people who got infected this way can be counted on the fingers of one hand, and concurrently the nation developed its own technology for manufacturing these items.

"In late 1985 and early 1986 we looked into the possibility of doing testing with diagnostic kits in spite of their high price on the market. We also decided to fight AIDS as just another sexually transmitted disease, by identifying risk groups, undertaking major prevention and education efforts among the population, and preventing infection through the perinatal route.

"Another element in the strategy was the establishment of sanatoriums for those who tested HIV-positive. HIV-positives were thus surrounded by various kinds of specialists to prevent fatal complications, and the chances of the virus spreading among the healthy population were considerably lessened.

"As you can see, the system of sanatoriums is one of the pillars of our success in battling AIDS, but it is not the only one."

At this point in the conversation Dr. Rodriguez Alvarez remarked that outpatient treatment is not altogether new, inasmuch as several HIV-positive persons have been receiving it for five years, either full-time or taking periodic leaves in the company of medical personnel or a relative who makes sure that their behavior on the street is above reproach.

"Outpatient treatment," the director of the National Health Education Center adds, "represents a higher stage in the development of the program and should in no way be related to the financial limitations facing the country. We have been and will be unstinting with resources in battling the disease, and the proof of this is that those who avail themselves of this arrangement will continue to receive medication absolutely free of charge and a special diet that meets all protein and calorie requirements.

"Now then," Dr. Suarez Gil says, retaking the floor, "not all sanatorium patients will automatically be reincorporated into society. Each sanatorium has commissions that decide which patients are responsible enough about their own health and that of the community. There is enough background information for a correct decision in each case, because we are familiar with the earlier lives of these persons, their work and social history, their ethical values, the families they came from, and, something very important, their behavior inside the sanatorium, how they are reconciling themselves to the disease, etc.

"In addition to the principle of selectivity, there is also the principle of choice. No patient will be forced to accept outpatient treatment even if the medical commission decides that he can. Only those who deserve and want it can receive it. We even anticipate offering them the chance to keep on living in the sanatorium and to study or work on the outside.

"They are also guaranteed ongoing specialized medical care, whether at the sanatorium, through family physicians (who have been appropriately trained in this connection), in provincial hospitals, or at the Pedro Kouri Institute of Tropical Medicine," Gil Suarez notes.

"As we see things," Dr. Rodriguez Alvarez remarks, "reincorporating HIV-positive people into their families and into society at large will reinforce the prevention and education work that we physicians are doing in various ways. The message will be most effective among young people, who represent the highest risk group, because it will be conveyed by people their own age who dress the same, have the same general tastes, the same psychology, and ways of looking at the world...."

"The patients are displaying an admirable willingness to cooperate in this connection. The sanatoriums have done a lot of work with them, and we should underscore their involvement in a prevention system that they themselves have inspired and built in the centers in which they are patients. AIDS patients and HIV-positives are represented on the AIDS national technical commission, and one of them, a physician, is even the head of the prevention section.

"I should point out that outpatient care is not granted for a specific period of time. The behavior of the people who can and choose to avail themselves of this treatment will be systematically monitored, and if they are unruly or violate, even in a minor way, the principles on which it rests, they are brought back into the sanatorium permanently."

[Box, p 10]

Statistics on AIDS in Cuba (as of 16 December 1993)

- Total tests conducted: 15,097,284
- HIV-positives detected: 987 (702 males and 285 females)
- Estimate of undetected carriers: between 150 and 200
- Two-hundred and thirty of the HIV carriers have fallen ill, and 147 of them have died.
- Sexual transmission is most common, accounting for 98 percent of the cases.
- The average period for developing the disease, in other words, for an individual to move from asymptomatic to symptomatic, is 11 years.
- There are sanatoriums in all provinces except Las Tunas and the Isle of Youth.

ECUADOR

Onchocerciasis Control Efforts Described

94WE0219A Quito VISTAZO in Spanish 24 Feb 94
pp 30-34

[Article by Marco Bustamante: "War Against Onchocerciasis"; first paragraph is editorial introduction]

[Excerpt] More than one year ago VISTAZO reported on the possibility that Ecuador would be the first country in the world to control Onchocerciasis. This possibility is about to become a reality.

Discovered in Ecuador in the Province of Esmeraldas in the mid 1970's, Onchocerciasis, a disease caused by a fly bite which can end up causing blindness in its victims, received attention in the Ecuadorian press a little more than one year ago. The reason for the attention was unfortunately the low state of public health in that province. A discussion of the

cause of this situation ranged between malaria, a viral disease related to AIDS, and "river blindness," or Onchocerciasis.

The positive aspect of this discussion, as VISTAZO reported, lay in the possibility that, because the territory in which the disease has been found is limited to rural areas of the Province of Esmeraldas, its transmission can be controlled, and this illness can be eradicated. This prediction was made by Ronald Guderian, a North American researcher from Vozandes Hospital in Quito. It was regarded with healthy skepticism by VISTAZO. Up to now the only disease in the world which has been successfully eradicated has been measles. This was done following an effort made by thousands of scientists, the expenditure of millions of dollars, and the passage of more than two decades. Furthermore, the last time that the term "eradication" was used in Ecuador was in connection with malaria. And although the National Service for the Eradication of Malaria, or SNEM, the government office in charge of handling this disease, still does not consider that the illness has been conquered, malaria eradication in Ecuador for the moment remains a well-intentioned wish, rather than a realistic goal.

Nevertheless, the control and eventual eradication of Onchocerciasis is quite probable in Ecuador. Guderian says, "Yes, Onchocerciasis can be controlled." In fact he is the principal author of the "National Plan for the Elimination of Onchocerciasis in Ecuador," which he wrote in collaboration with Dr. Mariela Anselmi and Dr. Alberto Narvaez, of the Ministry of Public Health. Action on the plan began in 1993 and will be completed in 1997. The difference between this document and other, similar plans which have only been on paper, can be summarized in two terms: money and the effective distribution of medicine to those suffering from the disease.

Guderian and his team, with the cooperation of the Ministry of Health, have obtained funds from foreign sources amounting to \$170,000 for the first year of the program. By 1997 these funds will have totaled \$730,000. This will be the financial cost of freeing Ecuador and nearly 25,000 Ecuadorans—principally black citizens and members of the "Chachi" tribe of Indians in Esmeralda Province.

As a result Ecuador is in an excellent position to be the first country to control the spread of this disease and accomplish its eradication, due to the availability of money, including funds from the local, private sector, the limited geographic distribution of the disease, the previous experience of Ecuadorian and foreign researchers, the lack of excessive bureaucracy in the program, the improved, though modest, cooperation of the Ministry of Health, and the donation of a medicine called "Ivermectina" by the Merck Pharmaceutical Company.

Guderian has said: "According to the goals agreed upon at two recent, scientific meetings, our goals are stopping the spread of the disease by the year 2000 and achieving its eradication by 2011." Evaluation of the program at the national level will be conducted by Dr. Jose Rumbea,

professor of tropical medicine at the University of Guayaquil and an associate of Guderian in the control program.

Key Drug

Rural areas of the Province of Esmeraldas basically have onchocerciasis because, in the affected areas—the basins of the Cayapas and Santiago Rivers and other, small areas where the disease is found—there are flies of the "Simulium" variety, known popularly as "juros" [always there], which transmit the disease. For example, when a person living in the Province of Esmeralda or an Indian of the "Chachi" tribe goes to the rivers to get water, he or she is bitten by a fly already infected with so-called "microfilaria" parasites. In the bite the fly injects onchocerciasis larvae, which eventually settle in subcutaneous skin tissue, where they develop into adult worms. These worms are encapsulated by the body. In an attempt to isolate them the body forms subcutaneous nodules. Inside these nodules are worms which produce thousands of microfilaria parasites which spread out into nearby body tissue. Immune reactions against the microfilaria parasites, which account for most of the symptoms, can cause anything from blindness to skin wrinkles. If the microfilaria parasites block lymphatic circulation, it is possible to see elephantiasis, a grotesque and pendulous growth of tissue alongside the obstruction.

Trying to control the flies has turned out to be impractical because of the cost. The strategy which Guderian and his associates have followed is based on "taking away the raw material," so to speak, from the flies transmitting the disease. How is this done? In the first place, by extracting the subcutaneous nodules, where the adult worms produce thousands of microfilaria parasites. This procedure is called "nodulectomy." Secondly, trying to reduce the number of microfilaria parasites which, after leaving the nodules, move to the surrounding tissue, waiting for a fly which transmits the disease but is not yet infected to bite the sick person. The fly then becomes infected and can bite another, healthy person, continuing the transmission of the disease. The drug which successfully kills these microfilaria parasites is called "Ivermectina." It has been donated by the Merck Pharmaceutical Company to the control program, thanks in part to efforts made by Dr. Plutarco Naranjo, the former minister of health.

During the periodic trips which the researchers make to the areas affected by the disease they have evaluated more than 20,000 persons who have the disease. They provide them with "Ivermectina" twice a year and, if necessary, perform nodulectomies to remove the adult worms. According to Dr. Marlene Silva, coordinator of the present program, "When we go to see them, the great majority of the patients are interested in receiving 'Ivermectina.' We work with their community leaders. Only in this way have we succeeded in reaching those 20,000 patients." In effect, according to Doctor Rumbea, who evaluates the results, "We have seen how, in certain cases, the number of microfilaria parasites has been reduced after treatment from about 1,000 microfilaria parasites per cubic millimeter of skin down to two or three microfilaria parasites per cubic millimeter. Furthermore, the program for controlling onchocerciasis in Ecuador can serve as a guide for other programs, like the one in Colombia." [passage omitted]

ALGERIA

Spread of Diphtheria; Vaccine Limited

94WE0198A Algiers EL WATAN in French 12 Feb 94 p 13

[Article by Said Gada: "Tizi-Ouzou: Diphtheria Panic"—first paragraph is EL WATAN introduction]

[Text] Diphtheria is worse than AIDS. At least in the way it is transmitted (through the air). This important detail had created widespread panic among the people. Among the medical community, though, there is calm although the basic tools for responding do not exist. Thus far quickly eradicating the epidemic remains uncertain.

Ever since this epidemic spread in the wilaya of Tizi-Ouzou, there has been a combat-like commotion among local public-health authorities. Six people have died, a total of 140 people have been hospitalized, and there were as many cases of healthy carriers, it was reported at the University Hospital Center. Besides, the state of alert is always maintained.

However at the "Antidiphtheria Combat Committee," which had been set up as soon as the epidemic appeared, they are clear about it. For them, the situation has just about been brought under control. It should be mentioned that this multidisciplinary group made up of experts continues to meet each Sunday to get updated on the situation.

It has been pointed out that the first case of diphtheria was reported in Ath Zmenzer, a rural community of 11,000 located about 10 km from the town of Tizi-Ouzou. A young ninth grade student died and several people were infected. Not only had the news shaken village residents it had also produced major panic. The rush to get vaccinated was indescribable. The small treatment room could clearly not satisfy everyone. The doctor at the health center, who only works mornings (?), and was overwhelmed, had to push the panic-stricken crowd back.

Because of the confusion between antidiphtheria vaccines and DWTP (diphtheria, whooping cough, tetanus, and poliomyelitis), several people ran to private pharmacies (because public-sector pharmacies did not sell them) to buy some.

Limited Vaccination

After the death of this teenager, only some members of his family were vaccinated, it was said. As to the grade school he attended, it would appear matters were not taken seriously. One teacher recalled: "The day the vaccination team arrived at our school, only the dead boy's class was vaccinated and the teacher who was in class at the exact time they arrived."

Several months later, the wait was still on. Among all of the staff and all the students, the panic was continuous.

Dr. Bourbia, the main leader in the antidiphtheria fight, stated that: "a real panic arose around the vaccination in Tizi-Ouzou. Of course, even if the vaccines are available, you cannot vaccinate an entire population. People need to understand that you can only vaccinate [text illegible], such as the family or classmates where school children are involved."

In fact, these vaccination "criteria" are not followed, as we have just seen. Is this an isolated case? Don't be too sure of it! The people's vaccination coverage is far from satisfying the required standards. This epidemic revealed all.

At Draa Ben Khedda, a medium-sized city, the situation is more dramatic. It is Sunday, 30 January, and the time is 1000. At the city's polyclinic, many people are waiting. Parents are anxious. A middle-aged woman carrying a baby in her arms exclaims: "I have come for my baby's second vaccination and they have just told me there isn't any."

A nurse would add that: "We are out of our supply of DWTP and we have been for 10 days. We are expecting a delivery of vaccine any day now." Given this situation, parents had to buy it for 106 Algerian dinars. For their part, pharmacists pointed out that all the vaccines were gone and that their orders would not be filled until the end of February. In every corner of the wilaya of Tizi-Ouzou, the diphtheria epidemic is still a primary discussion topic.

For their part, public-health officials are reassuring. They say that of the 140 cases of diphtheria, there were few typical cases, and that the number of new cases is clearly declining. According to these same officials, the patients are responding well, "despite the lack of serum and the insufficiency of vaccines." In addition, we would point out that the Nedir Mohamed Hospital made available 30 beds from their infectious diseases unit and 40 beds from their psychiatric unit. So every possible agency was requisitioned and nine patients were transferred to the El-Kettar Hospital in Algiers. Furthermore, it was revealed that the individuals affected are, generally speaking, between the ages of 10 and 15 who were poorly vaccinated or not at all. As to the origin of this epidemic, a source in the medical community stated that the population of the wilaya of Tizi-Ouzou was infected by a citizen of the wilaya of Bouira who was reported to have stayed in the south of Algeria (a region supposedly infected by peoples of the Sahara).

It should be noted that the affected areas are the most remote (Azzefoun, Ain El-Hammam, Draa El-Mizan). In these very remote areas, the people are very far away from health services. One country doctor said that he had not been aware of the existence of diphtheria in his area until after the burial of one patient.

Well, now! Even the medical community is caught unaware. For some, [diphtheria] is basically a childhood disease. Furthermore, it is said that there exists another viral illness (infectious mononucleosis) that has the same symptoms as diphtheria.

Upper respiratory ailments (influenza, colds, angina) make it difficult to diagnose positive diphtheria cases, they go on to say. In the case of Dr. Bourbia, he has to wait until the end of the winter, which would bring its share of upper respiratory illnesses, to isolate the diphtheria cases and hope to eradicate it once and for all. But, when you are dealing with an epidemic, no one can predict how it will develop. Several questions remain.

How did we get to this point? Was vaccination coverage correct? At school, is the vaccination certificate systematically required? Have the public-health officials assumed their responsibilities to force parents to vaccinate their children who were born at home?

Diphtheria is a contagious, deadly illness. You can be a healthy carrier and transmit the disease to anybody who is unvaccinated. In other words, the lives of many of us are in danger.

RUSSIA

Only AIDS-Free Persons May Enter Russia From Abkhazia

PM2103145394 Moscow SELSKAYA ZHIZN in Russian
19 Mar 94 p 6

[Report by Yuliy Semenenko: "Imported AIDS"]

[Text] "Businessmen" coming to our country via the Psou checkpoint between Abkhazia and Russia are not only importing weapons, drugs, and counterfeit money, but often AIDS too. However, until very recently there was no opportunity to block the spread of this disease. Now the situation is changing. Under a decision by the Greater Sochi Administration, all foreigners coming to our country, including inhabitants of the Transcaucasus, must present an international certificate saying they have been tested for the virus, or undergo a test then and there on the border. It is a harsh measure, but a necessary one.

'No Grounds for Panic' Over HIV in Armed Forces

Moscow KOMSOMOLSKAYA PRAVDA in Russian
2 Feb 94 p 1

[Igor Chernyak report under the rubric "According to Rumors and From Authoritative Sources": "AIDS in Army Colors"]

[Text] In an interview with KOMSOMOLSKAYA PRAVDA Viktor Kolkov, chief physician of the Russian Federation Ministry of Defense, denied a report carried in certain newspapers that 13 Russian Armed Forces officers have been diagnosed with AIDS and are under examination by Army medics. In his words, as of today there are no AIDS sufferers in the Russian Army and Navy. However, since 1989 15 carriers of this illness, that is to say, HIV-positive persons, have been detected by military medics. Five are continuing service in the troops, under constant medical supervision. Ten have been discharged to the reserves and transferred to the supervision of the civilian health organs. The virus was detected in officers up to 40 years of age, and the majority were infected while on leave or tours of duty.

Viktor Kolkov said that work on diagnosing AIDS in the Russian Armed Forces began back in 1987, and in 1989 laboratories for research into infection and immunization were set up. (According to information not confirmed by the chief physician, these laboratories exist today in dozens of hospitals, and a special department for the treatment of HIV-positive patients operates in Podolsk Military Hospital.) Kolkov also said that servicemen giving blood, foreigners studying in military academies, Russian servicemen returning from foreign tours of duty, and persons infected with venereal diseases and also certain other clinical illnesses are subject to compulsory testing for HIV.

Induction commissions, according to Kolkov, are not yet charged with testing draftees for AIDS, except in cases where commission doctors have reasons for suspicion. "We have already tested more than 1.5 million persons; we are simply unable to test all draftees and personnel," Kolkov said. At the same time Viktor Kolkov rejected forecasts that the number of AIDS and HIV sufferers in the Army will increase dramatically in the near future. In his words, there are no grounds for panic, and conditions in this respect are

incomparably better in the Russian Armed Forces than in the U.S. and other Western countries' armies.

Viral Hepatitis Hospitalizes 270 in Sakhalin

LD2303092194 Moscow 2x2 Television in Russian
0730 GMT 23 Mar 94

[Text] In Yuzhno-Sakhalinsk and some other towns of the island 270 people have been hospitalized with the diagnosis of viral hepatitis. SUDOROVSKIY NATISK, the newspaper of the Far East military district, reports that the jaundice is caused by polluted drinking water. So far no servicemen have fallen ill.

Poor Drinking Water Causes Hepatitis in Sakhalin

PM1603151394 Moscow IZVESTIYA in Russian
16 Mar 94 p 1

[ITAR-TASS report: "Viral Hepatitis Attacks Sakhalin"]

[Text] A viral hepatitis infection has caused 233 Sakhalin inhabitants to be hospitalized since the beginning of this year.

Fortunately, no fatal cases have been recorded yet. The cause of the latest misfortune to befall the island's inhabitants was the extremely unsatisfactory quality of drinking water and a general lack of units to purify it and render it harmless.

Ufa Inhabitants' Health Endangered by Dioxin

PM1703095994 Moscow ROSSIYSKAYA GAZETA
in Russian 16 Mar 94 First Edition p 2

[Unattributed report under "Nature Conservation" rubric: "Ufa Remains a Place Dangerous to Life"]

[Text] Research by scientists has shown that in individual parts of Ufa the maximum permissible concentrations of an extremely toxic substance—dioxin—in the air exceed the norm by tens of times. In the area where the "Khimprom" Production Association, which produces herbicides, is located this figure is equal to almost 20,000 times the maximum permissible concentration. Newborn babies take in up to 80 times the maximum permissible concentration of dioxin every day with their mother's milk. The republic's gene pool is perishing catastrophically. Mothers' milk and the blood and adipose tissue of the inhabitants of Bashkortostan are literally "larded" with toxic substances in quantities dangerous to life. This has been stated by Gennadiy Minin, the republic's chief state physician.

Misfortune came to the land of Bashkortostan in April 1990. Unpurified waste and drainage water from Ufa's "Khimprom" flowed into the city water intake, poisoning thousands of cubic meters of drinking water with phenol. Knowing nothing, almost all the residents of the city with a population of 1 million used poisoned water for a long time. Then a large amount of dioxin was discovered in the water, the air, and the soil.

Despite the city folk's protests, "Khimprom" is continuing to poison the environment or, rather, what is left of it. In addition, one more installation in Ufa has been discovered which is surreptitiously destroying nature and people with dioxin—an experimental plant for the production of herbicides.

Equipment to analyze the content of dioxin in the environment was purchased abroad at tremendous expense. But this is not the first year that it has been lying totally inactive. Taking advantage of the lack of control over it, the Bashkortostan State Committee for Ecology and Nature Use is squandering huge sums allocated to nature conservation. But a start has not been made on resolving the "dioxin problem" in the republic.

BELARUS

Plan To Convert Military Towns Into Health Facilities

*Minsk TV Minsk Network in Belarusian 1900 GMT
21 Feb 94*

[Text] Today, the International Cooperation Fund Belarus [ICFB] held a meeting devoted to the conversion of former military towns. In Belarus, there are 16 such settlements that are to be handed over to various religious groups and the ICFB according to a government resolution. These organizations, with the help of investors and other sides that are involved in this process, should convert them into convalescent spas for people who suffered from the Chernobyl disaster, nursing homes, hotels, and other facilities. [Begin recording] **Unidentified Reporter:** Nikolay Nikolayevich, how will the ICFB carry out the conversion of military towns?

Unidentified ICFB official: At a recently held ICFB conference, which was attended by all leading religious groups and officials of the nine ministries that support our work, a decision was adopted on the ICFB's participation in the conversion of military towns. A meeting with representatives of the Chernobyl Union—which has already taken over some military towns—showed that the Chernobyl Union supports this idea. A meeting between Ivan [name indistinct] and representatives of leading religious groups confirmed that the government agrees to hand over military towns to the ICFB and Belarus' leading religious groups. [end recording]

To begin with, officials of the involved organizations will visit those facilities to inspect the buildings. Later, reconstruction and modernization of those facilities will begin, to ensure that military towns serve the people well. The idea is good, if only there are enough resources to implement it.

ESTONIA

Abortion Study Is First in Area of Former USSR

*94WE0180A Helsinki HELSINGIN SANOMAT
in Finnish 22 Jan 94 p D 3*

[Article by Leena Hietanen: "Estonian Abortion Numbers Highest in Europe"]

[Text] Tallinn—In Western countries the women who need abortions are young and unmarried using abortion to postpone their first time of giving birth. In Estonia abortion is used most often by women who are married and have already had children. This is the finding of a study published last fall which is the first study of its kind in the region covered by the former USSR.

First Pregnancy Leads to Marriage

The abortion study was conducted by Estonian population researchers Kalev Katus and Allan Puur together with the University of Michigan. The study is part of a broader study on fertility.

Some 360 women who had had abortions in a Tallinn hospital during 1991 were interviewed in the study. The researchers had hospital data on the women in addition to the information supplied by the women.

The information supplied by the women and the hospital had a high degree of correlation, which is a significant difference between this study and studies elsewhere in the world. In Sweden, for example, women reported only one-half of their abortions, and in the United States only one-third.

"In general, no moral or guilt issues are connected with abortion, and thus they are no embarrassment," says Allan Puur.

Sixty-eight percent of the women having abortions are married, 18 percent are in cohabitation arrangements, and 14 percent are unmarried. In Western countries an average of 75 percent of abortions are by young, unmarried women.

In Estonia the first pregnancy generally leads to marriage. When a woman becomes pregnant she would rather legalize the relationship. In Estonia the age at which women get married is quite young, 23, while in Finland this age is 26, and in Sweden 27.

The objective of the study is to determine who are the women that resort to abortions the most often.

"The ethnic background was the most consistent factor apparent for those who choose abortion as a means of birth control. Russian women have more abortions than Estonian women do," observed Allan Puur.

According to the study, 43 percent of the Estonian women had had no previous abortions. The comparable figure for non-Estonian women was 29 percent. Four percent of the Estonians and 9 percent of non-Estonians had had three abortions previously.

"For Estonian women an abortion is usually the result of an unsuccessful effort at birth control, whereas for Russians it is actually the primary means of birth control," says Puur.

According to the researchers the difference in conduct for Estonian and Russian women is basically due to the different times at which changes in population growth patterns first became apparent. In Estonia, the drop from a high fertility rate to a low one occurred much earlier than in Russia. That is why there is a much older tradition of controlling population growth in Estonia.

Allan Puur does not believe that prostitution is in any way reflected in the statistics. The number of abortions in Estonia was high already decades prior to abortion becoming an issue.

Customs that originated during the USSR era may be one explanation as to why abortion is used as a method of birth control.

The researchers included a question on whether birth control means had been used in the period of time preceding the

last abortion. Fifty-two percent of Estonian women had been using some means of birth control while the comparable figure for non-Estonians was 18 percent.

Birth Control Expensive

A gynecologist at Tallinn Central Hospital, Mall Varvas, feels that Estonia's high abortion numbers are due to the fact that society has a positive attitude toward abortion.

During the last three years it has been easy to obtain contraceptives in Estonia. Condoms are found in drug stores and on the shelves of newsstands. The most popular item, an intrauterine device, costs 50 kroons or about 20 markkas. Birth control pills cost about 20-25 markkas per month, which is too much for young women, according to Mall Varvas. The intrauterine device is most popular with both women who have and who have not given birth because of its lower cost. Abortions are usually free of cost. For those who do not belong to the government health program it costs about 180 markkas.

Varvas suspects that the young do not like to use condoms for the incidence of sexually transmitted diseases has increased significantly.

"The low level of contraceptive use is a result of a lack of concern about one's own personal health in Estonia. People do not talk about healthy life-styles."

"There are also deficiencies in the training of doctors. We have not been trained to dispense information. Doctors do not give patients birth control instructions even during the abortion treatment," says Varvas.

More Abortions Than Births in Estonia

Year	Births	Abortions
1988	25,060	29,712
1989	24,292	25,841
1990	22,308	21,404
1991	19,320	21,016
1992	18,017	22,349

Authorities Fear Spread of Swine Fever

94WE0179 Helsinki HELSINGIN SANOMAT
in Finnish 28 Jan 94 p 6

[Article by Jorma Rotko: "Swine Fever Killed Thousands of Estonian Swine—Over 200 Carcasses in Quarantine, No Danger to Humans From the Disease"]

[Text] The swine disease ravaging one farm in Valuste in the Jarvenmaa region of Estonia has been confirmed to be swine fever in an analysis conducted in a laboratory in Tartu. The disease has caused more damage than feared, since over 1,000 swine have died of it. Animals that may have been carrying swine fever have also been sent to be slaughtered.

At the Rakvere meat combine there are 207 swine carcasses in quarantine that are to be inspected before use to prevent the spread of swine fever.

Swine fever does not present any danger to humans or house pets, but both may be carriers of the dangerous disease. The origin of the swine fever in Valuste is not known. One hypothesis is that it came from Poland, where the disease is prevalent. In Estonia it occurred a previous time in 1962.

It is reported from the large farm in Valuste, which is organized in the form of a corporation, that the disease symptoms were discovered back at the beginning of December, but it was not possible at that time to determine that it was swine fever.

Suspicions were aroused when the swine began to die. At the beginning of December there were about 2,200 swine, and on Thursday [27 January] only 360 [figures as published] were left. Of course, part of the swine had been sold. On Wednesday [26 January] 15 swine died and were buried using a power shovel.

The Estonians fear that swine fever may spread. Pork is continually sold by the farm to persons residing in the region. The farm is a former collective farm, and its employees also have their own swine, which are obviously in danger of contagion.

Fresh meat may not be imported into Finland from Estonia, but at the Tallinn market, at least, a lot of it is sold to Finns. Sausage that is not fully cooked may also contain pathogenic agents, since eliminating them from the meat requires boiling for two hours.

IRELAND

Hepatitis C Tests Offered to 100,000 Mothers

94WE0217A London *THE DAILY TELEGRAPH*
in English 23 Feb 94 p 2

[Article by Colin Randall in Belfast: "Hepatitis Check for 100,000 Mothers"]

[Text] At least 100,000 women are being offered blood tests for hepatitis C after the Irish Republic's blood transfusion service discovered they could be at risk from contaminated blood products used over a period of 21 years.

Thousands of mothers swamped call lines yesterday amid fears that some could have contracted the virus from anti-D immunoglobulin injected between 1970 and 1991 to women about to give birth to babies of a different blood group.

The nationwide screening programme was announced after the Irish Blood Transfusion Service Board's discovery that an infected batch produced in 1977 could be responsible for hepatitis anti-bodies found recently in a small number of female blood donors who had given birth during that year.

Dr. Terry Walsh, the board's chief medical officer, said yesterday that all the women were clinically well and that the total number of infected women was likely to be very low. "It is important to say that there is no panic but there is a need for concern," he said. "Otherwise we would not be carrying out the screening."

Anti-D product has been given to rhesus negative women expecting rhesus positive children since 1970 to protect the unborn babies from haemolytic disease, which can cause stillbirth, brain damage or severe anaemia.

About 7,000 rhesus negative women in Ireland now receive the treatment, regarded as a valuable pregnancy aid that is estimated to save as many as 100 babies in the country each year.

Hepatitis C can cause jaundice or, in the most extreme cases, potentially fatal liver disease in later life.

However, medical experts in the Republic believe that most women affected by contaminated anti-D would be likely to suffer benign liver inflammation at worst.

The blood transfusion service's discovery of hepatitis C antibodies in blood donors was made last month by its Cork regional director, Dr. Joan Power.

She said that while women who gave birth in 1977 were the focus of the screening programme, the board wished to ensure there was no risk at other times.

The source of the contamination has not yet been identified but Dr. Power stressed that the product concerned was not administered to any women outside Ireland.

SWEDEN

Businesses Adopt AIDS Nondiscrimination

94WE0182B Stockholm *SVENSKA DAGBLADET*
in Swedish 31 Jan 94 p 37

[Article by freelance journalist Inger Sundelin: "Businesses Develop HIV Policy"]

[Text] When the first AIDS cases were reported at the beginning of the 1980's, HIV and AIDS were unknown phenomena for most of us. Today, after a great many information campaigns, newspaper articles, and TV and radio programs, hardly anyone has escaped hearing about the HIV virus and the immune deficiency disease, AIDS. A new HIV-infected person is found in Sweden every day and the number of infected people is approaching 4,000. The likelihood that someone at a place of work may be infected is increasing all the time.

In the beginning, business executives were at a loss when one of their employees turned out to be HIV-positive. Today things are different and more and more businesses are now drawing up action programs for these problems. One of the first businesses to produce an HIV policy was Volvo.

Everyone Informed

"We made a move very early. Back at the beginning of the 1980's Leif Wallin, who was the corporation physician at that time, advocated spreading information about HIV and AIDS," said Lennart Dimberg, company physician at Volvo Airplane Engines in Tollhattan and former corporation physician.

Volvo issued easily understandable written information to all its employees. With the help of comic strips everyone was informed about what HIV and AIDS are, how the infection is spread and how it is not. It is at least as important to tell people about the latter as it is to describe the actual methods of infection.

The Volvo corporation has decided that HIV should not be a reason to refuse to allow people to work for Volvo.

"I have taken part in hiring HIV-positive people," Dimberg went on. However the company advises employees not to tell fellow workers and job supervisors that they have HIV.

"They tell us in the company health care system, that is enough," said Dimberg. "People don't tell everybody if they have hepatitis, syphilis, or any other disease, so why talk about HIV?"

There is a risk that complications will arise and rumors will spread and that the infected person will not get any of the support and security from the job group that he or she needs.

"Anxiety is the big problem, not infection," Dimberg said.

SCA [Swedish Cellulose Company] is another company that has a policy on this problem. It was produced after company executives received an inquiry from their employees abroad in the mid-1980's about what preparations they had for HIV/AIDS.

"We had none at all, so we appointed a working group that included union people, corporate executives and members of the safety committee and assigned them the task of coming up with a policy," said Rolf Gatugard, chief safety adviser at SCA Ortviken, Inc.

Test Not Required

SCA does not require that employees be tested for HIV, whether this involves new job applicants or existing personnel. However the company does recommend that all employees who work abroad be tested both before and after their trip.

"The group discussed whether or not an infected person should tell his or her fellow workers. We reached the conclusion that it should be a matter between the doctor and the infected person," Gatugard said. "If someone tells, there is a big risk that it will create a lot of anxiety among fellow workers and they may reject the infected person instead of providing support."

SAS [Scandinavian Airlines] has no formal HIV policy. However the corporation has produced some internal guidelines that the company health care system follows. We were told this by Anders Huss, one of the company physicians at SAS. SAS employees are not tested, whether they are new employees or existing personnel. With one exception: pilot training applicants must be tested for HIV. It is an important goal not to give people with HIV infection special treatment.

"I do not feel that it is of any importance from the company's point of view that an employee is a symptom-free carrier of the HIV virus."

There is no reason to dismiss or reassign anyone because he or she represents a risk of infection to others, Huss said.

"On the other hand there may be good reason to consider reassignment to protect infection-prone HIV-positive workers who have a lot of contact with customers in their work and are thus exposed to a risk of infection themselves. The goal is to move them to a less exposed job."

SAS applies the same principles to HIV as it does to any other disease when it comes to reassignment and sick leave on a full-time or part-time basis. The deciding factor is the person's ability to work in relation to the job requirements.

There is no single answer to the question of whether infected people should tell their fellow workers or not, Huss feels. They must decide this for themselves.

"Personally I usually advise those who are unsure not to tell. The people around them may be frightened and the result can be that the HIV-infected person is rejected by the group instead of receiving support." Huss thinks that the "hysteria" surrounding HIV has largely disappeared.

Like SCA, SAS recommends that its employees be tested before and after working abroad. In addition the company

has placed "emergency kits" containing intravenous drip units, needles, and syringes in all the places around the world where SAS personnel are stationed.

UNITED KINGDOM

Cash Crisis Hits Surgery Waiting List

94WE0195A London *THE DAILY TELEGRAPH*
in English 15 Feb 94 p 8

[Article by David Fletcher, health services correspondent]

[Text] Surgeons in more than four out of 10 hospitals have been told to slow down the number of operations they perform because their hospital is running out of money, the Royal College of Surgeons said yesterday.

It said its survey of 234 surgeons in all areas of the country found widespread reductions in routine operations and cuts in the number of out-patients being seen.

The same happened a year ago. "None of the contract-related financial problems of last year appears to have been resolved," the college said.

The survey found that general surgery was worst affected, with 30 percent of hospitals slowing down operations, followed by orthopaedics (26 percent), urology (26) and ear, nose and throat treatment (12).

As a result, the number of patients waiting for treatment has increased in more than half of all general surgical departments and in four out of 10 orthopaedic departments. The survey confirmed previous findings that hospitals are increasingly giving preference to patients referred by fund-holding GP's, who have the money to pay for their treatment.

Some had also been told to treat more "extra-contractual referrals"—patients sent by other health districts which had agreed to pay the cost.

Prof. Norman Browse, professor of surgery at St Thomas' Hospital and president of the Royal College of Surgeons, said the college considered that patients should be treated according to clinical priority, not financial criteria.

The Health Department said that health authorities had to decide the priorities in allocating cash between primary care, non-urgent surgery and community care.

"There is an extra £1.6 billion available for health care next year and we would like to see doctors more involved in the process of deciding those priorities."

Advice on Hepatitis B Immunization Ignored

94WE0212A London *THE SUNDAY TELEGRAPH*
in English 27 Feb 94 p 4

[Article by Victoria Macdonald: "Chance To End Hepatitis B Deaths 'Ignored'"]

[Text] The Government is resisting expert advice and a recommendation from the World Health Organisation to introduce a national immunisation programme against hepatitis B, a virus 1,000 times more infectious than AIDS.

Health ministers claim the incidence is too low to be of significance, even though it kills one in five carriers and more than 600 people a year die of it in Britain.

In response to a written question from Dawn Primarolo, Labour health spokesman, Tom Sackville, junior health minister, said last week: "Immunisation strategy is kept under review."

But sources at the health department said ministers were concerned at the cost of such a programme.

The WHO first recommended national immunisation in 1991 and this was endorsed by the World Health Assembly the following year.

Experts in Britain have told the health department that an immunisation programme targeting infants or teenagers—or both—could effectively wipe out the virus. They have also called for more effective notification of the disease because they fear it is being vastly under-reported.

The United States, New Zealand, Hong Kong, Singapore and Canada are among countries that have already followed the recommendations.

Professor Arie Zuckerman, of the Royal Free Hospital, an adviser on viral diseases to the health department and the WHO, said last week: "This is an infection which is preventable. It is also a very important public health issue."

Like AIDS, hepatitis B is transmitted sexually or by infected blood or contaminated medical instruments. The WHO estimates that one in 20 people in Europe alone have or have had the virus. But Prof. Zuckerman said the problem here was the lack of epidemiological data.

"The official view is based on the notification rates to the Public Health Laboratory Service. But I do not buy that, because in most cases the symptoms are not recognised and not all cases are reported," he said.

It could affect 15 to 20 per cent of the population rather than the less than one per cent cited by the health department.

"Eradicating hepatitis B by immunisation is an achievable target and the UK should participate in the WHO programme," Prof. Zuckerman said.

"If you compare the costs of treatment with prevention, then there is no question about which is cheaper."

Cattle Diagnosed With AIDS-Related Virus

94WE0194A London *THE DAILY TELEGRAPH*
in English 16 Feb 94 p 5

[Article by David Brown, agriculture correspondent: "AIDS Virus Cattle Sent for Slaughter"]

[Text] Three cattle from a Cheshire herd have been sent for slaughter after an AIDS-related virus was found.

However the meat is safe to eat, the Ministry of Agriculture said yesterday.

Farmer David Blything, of Green Lane Farm, Kelso, where traces of bovine immunodeficiency virus (BIV) have been found in at least two animals, said yesterday that the meat was likely to be made into mince or beefburgers.

Mr. Jim Jack, solicitor for Mr. Blything, said last night one of the cattle was sold for slaughter before tests showed it contained BIV antibodies.

A second animal, which tested positive, had also been sent for slaughter as had a third from the herd which had not shown signs of antibodies.

BIV is a distant relative of HIV virus in humans, but the ministry said there was no risk to public health.

It originated in the United States and was first discovered in Britain in 1990.

—Pig farmers were facing a serious economic crisis, Mr. David Naish, president of the National Farmers' Union, said at its annual meeting in London yesterday.

An urgent message had been sent by him to Mr. Renee Steichen, EC farm commissioner, urging him to speed up an inquiry into state aid given to French pig producers.

The NFU says that the state aid puts the British producers at a competitive disadvantage.

Sweden Initiates Vaccination Program Following Russian Diphtheria Epidemic

94WE0196A Stockholm SVENSKA DAGBLADET
in Swedish 3 Feb 94 p 8

[Article by Inger Atterstam: "200,000 To Be Vaccinated Against Diphtheria"]

[Text] An extensive program to vaccinate special risk groups in Sweden against diphtheria is being initiated by the appropriate Swedish authorities. In all, close to 200,000 Swedes are expected to be candidates for vaccination.

The reason for this action is a fast-growing diphtheria epidemic primarily in Russia, but also in the Baltic states.

"The development in Russia has caused us to analyze the situation regarding protection against diphtheria in Sweden and propose vaccination of specially exposed risk persons," says professor Hans Wigzell, head of the Institute for Protection Against Contagious Diseases in Solna.

Customs People and Police

The groups being considered for vaccination are persons who come in contact with persons from Russia and the Baltic states. This involves customs, police and Coast Guard personnel, as well as employees at refugee centers, ferry personnel and persons who travel frequently in these countries, for example truck drivers.

Responsible for the package of measures, in addition to the Institute for Protection Against Contagious Diseases, are also the Social Administration and the Occupational Health Administration.

The diphtheria epidemic in Russia started in 1992 mainly in a few large Russian cities, and then spread to the entire country. In 1992, 3,897 cases of diphtheria were reported in Russia, and by October 1993, 9,923 cases, 2,756 of which were children. Three hundred deaths are known in Russia.

Lower Incidence

In the Baltic states the incidence is still somewhat lower, but in 1993 between five and ten cases were recorded in these countries.

"It is an extremely worrying development in these countries," says Thomas Linglof, a physician at the epidemiology

department of the Contagious Diseases Institute. He has visited the countries in question in order to study the development.

"A major problem is partly that access to vaccine is poor in these countries, and partly that people mistrust vaccination. It is mostly due to their fear of becoming infected from unclean syringes.

In Finland as well four cases of diphtheria occurred in 1993, and that has led to the Finnish authorities to recommend that all persons over 40 should be vaccinated against diphtheria.

"There is no reason to do anything similar in Sweden," says Hans Wigzell. "Such a mass vaccination has more disadvantages than advantages; among other things, it implies a risk of side effects and becomes tremendously expensive."

Close Contacts

The evaluation of the Contagious Diseases Institute is that Sweden does not face a threat of a diphtheria epidemic.

"But with the close contacts that exist between our countries, there is major risk that we could get a small number of cases," says Thomas Linglof.

Diphtheria is caused by a bacterium and can cause difficult, often lethal, throat infections as well as cardiac and nervous symptoms.

All Swedes born in 1955 and later have been vaccinated against diphtheria, while those persons who were born before vaccination was introduced have poorer protection against the disease. According to certain studies, as many as 80 percent of Swedes over 40 have no defense against diphtheria.

Outbreak Among Derelicts

During 1984-86 a noted outbreak of diphtheria occurred among derelict alcoholics in Goteborg, resulting in, among other things, a large number of people being vaccinated.

"That time the diphtheria never spread outside the groups initially affected," says Hans Wigzell. "This shows that we nevertheless have good protection against diphtheria in Sweden and there is no reason for panic now either."

Persons who are to visit Russia or the Baltic states are advised to have themselves vaccinated against diphtheria, and health care personnel are called on to detect and carefully analyze all cases of unclear throat infections.

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